LIVESTOCK INSURANCE MANAGERS
210 - 3502 Taylor Street East
Saskatoon, Saskatchewan
S7H 5H9
PH. – 306-244-8181 Fax – 306-244-8183

VETERINARY CERTIFICATE OF EXAMINATION

NAME OF INSURED _____

The animal(s) being examined for insurance should be moved about to demonstrate soundness of limb and freedom of movement. Careful examination should be made as to housing conditions and the presence of contagious disease.

I, the undersigned, do certify that I have on this date examined:

NAME	COLOUR	SEX	DATE OF BIRTH
1.			
2.			
3.			
4.			
5.			

Pulse & Respiration Normal?	1.____Yes	____No	2.____Yes	____No	3.____Yes	____No	4.____Yes	____No	5.____Yes	____No
Heart Auscultated and found normal?	1.____Yes	____No	2.____Yes	____No	3.____Yes	____No	4.____Yes	____No	5.____Yes	____No
Temperature normal?	1.____Yes	____No	2.____Yes	____No	3.____Yes	____No	4.____Yes	____No	5.____Yes	____No
Teeth normal?	1.____Yes	____No	2.____Yes	____No	3.____Yes	____No	4.____Yes	____No	5.____Yes	____No
Glands normal?	1.____Yes	____No	2.____Yes	____No	3.____Yes	____No	4.____Yes	____No	5.____Yes	____No
Any history of flukes?	1.____Yes	____No	2.____Yes	____No	3.____Yes	____No	4.____Yes	____No	5.____Yes	____No
Any history of colic or ulcers?	1.____Yes	____No	2.____Yes	____No	3.____Yes	____No	4.____Yes	____No	5.____Yes	____No
If male, are both testicles evident?	1.____Yes	____No	2.____Yes	____No	3.____Yes	____No	4.____Yes	____No	5.____Yes	____No
If female, any history of dystocia? (i.e. prolapsed uterus)	1.____Yes	____No	2.____Yes	____No	3.____Yes	____No	4.____Yes	____No	5.____Yes	____No
Has any surgery been performed? If yes, give details below)	1.____Yes	____No	2.____Yes	____No	3.____Yes	____No	4.____Yes	____No	5.____Yes	____No

FEET & LEGS:
Does any animal have any physical deformities, disease or infection of Pads?_____

_____

Describe any lameness problems: _____

PARASITES – Internal and External:

Date and Results of last Blood Test:	1._____	2._____	3._____	4._____	5._____
Date of last Worming:	1._____	2._____	3._____	4._____	5._____
Date of last Tetanus Vaccination:	1._____	2._____	3._____	4._____	5._____
Date of last Enterotoxemia Vaccination:	1._____	2._____	3._____	4._____	5._____
Fecal Sample taken?_____Results:	1._____	2._____	3._____	4._____	5._____

ARE THERE ANY MEDICAL FACTS THAT SHOULD BE BROUGHT TO THE ATTENTION OF THE INSURANCE COMPANY OR ANY REASON WHY THE ANIMAL(S) SHOULD NOT BE INSURED:_____

_____

EXCEPT AS NOTED ABOVE, I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ANIMAL(S) IS/ARE HEALTHY AND IN SOUND CONDITION.

Name (Please Print):_____ Address:_____

Date: _____Phone No(____)_____ Signature: _____