

VETERINARY CERTIFICATE OF HEALTH - FOAL

(MORTALITY INSURANCE for Foals aged between 31 days to 180 days only)

Insurance MUST be purchased within 48 hours of the execution of this document by a Veterinarian.

Careful observation should be made as to housing conditions and the presence of contagious or infectious diseases or other issues relevant to the health / wellbeing of the HORSE.

APPLICANT _____ Ranch / Farm Name _____

FOAL'S NAME _____ Breed _____ Colt Filly Gelding

Sire _____ Color and Markings _____

Dam _____ Foaling Date and Time _____

VETERINARIAN (please print) _____ DATE of Examination _____

Name of Practice _____ TIME of Examination _____

Vet's Address _____ PLACE of Examination _____

Telephone _____ Licensed to Practice in _____ In the Province of _____

Instructions to Examining VETERINARIAN completing this form: Please read the following statements and declaration in Section 1 before completing Section 2. Your signature at the bottom of this page also constitutes your agreement with the declaration in Section 1.

SECTION 1

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. The foal was not premature. 2. The mare has not previously had a jaundiced foal. 3. The mare has adequate milk. 4. The mare allows the foal to nurse without being restrained. 5. The foal is able to get up and down and nurse on its own. 6. There is no evidence of cleft palate or parrot mouth. 7. There is no evidence of congenital cataracts or other abnormalities of the eyes. 8. There are no flexural deformities. 9. No ribs have been broken during parturition. 10. The umbilicus is dry and normal. 11. The foal does not have patent urachus. 12. There is no evidence of umbilical or inguinal hernia. 13. There is no evidence of diarrhea. | <ol style="list-style-type: none"> 14. The meconium has passed. 15. The heart is normal on auscultation. 16. The lungs are normal on auscultation. 17. The gastrointestinal tract is normal on auscultation. 18. The locomotion of the foal is normal. 19. The temperature is normal. 20. The pulse rate is normal. 21. The respiratory rate is normal. 22. There are no contagious or infectious diseases on the premises or in the neighborhood. 23. The stabling is adequate. 24. The CBC reading is normal. 25. The WBC is between 5.0 and 12.6. |
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I declare (to the best of my professional knowledge) **that the statements listed above are correct in respect of the subject FOAL, with the exception of those listed below, (please give full details):**

Incorrect Statement Numbers and Comments:

Statement #	Comment

SECTION 2

1. Please list diseases currently inoculated against. _____
2. What medication has the foal received post-partum? _____
3. What was the IgG reading of the foal's blood? _____
 At what age was the sample taken? _____
4. How many times were IgG levels taken? (show all results and times) _____
5. Has a colostrum supplement been given to the foal? Yes No If so, when? _____
6. Has plasma been given to the foal? Yes No If so, when? _____
7. Is a nurse mare being used for this foal? Yes No If so, has the mare accepted the foal? _____

PLEASE USE THE BACK OF THE PAGE IF YOU NEED TO EXPAND ON ANYTHING IN EITHER SECTION 1 OR 2 OR ANY OTHER ISSUES THAT YOU FEEL ARE RELEVANT TO THE HEALTH OR ENVIRONMENT OF THE HORSE.

Except as noted above, I certify that to the best of my knowledge and belief this FOAL is healthy and sound and in my opinion is a suitable candidate for mortality insurance.

Examining VETERINARIAN Signature _____ Date: _____