

Please provide as many details on your horse(s) as possible in the following categories:

Show Record: \_\_\_\_\_

Training Record: \_\_\_\_\_

Stallion/Mare Produce Record: \_\_\_\_\_

Racing Record: \_\_\_\_\_

Attach additional sheets as required.

## VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE

(Not necessary for Specified Perils Coverage - F.L.T.)

Horses being examined for insurance should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining veterinarian to the best of his ability as a licensed veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

I, \_\_\_\_\_ do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the State of \_\_\_\_\_ and that I have this day examined:

1 \_\_\_\_\_  
 Name Age Color Sex Breed

2 \_\_\_\_\_  
 Name Age Color Sex Breed

Owner: \_\_\_\_\_  
 Name Address (include zip code)

Describe type of work the horse(s) has been in the last six months. If at rest or turned out, why?

Horse A.	Horse B.																																																																																																																																																																																																																																
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In your opinion or to your knowledge, are there any pre-existing conditions or additional medical facts that should be brought to the attention of the Insurance Company?

Has the horse(s) been attended by you or any other veterinarian for any ailment, injury or medical problem in the last 12 months? If yes, explain.

Does the horse have present evidence of tendinitis / desmitis? If so, describe.

Has an X-Ray or ultrasound examination been performed on the horse(s) in the last 12 months? If so, why and what were the results?

Is the horse(s) sound for the use intended?

Has the horse(s) ever undergone surgery? If so, describe type of surgery, date and recovery.

Are you aware of any condition past or present that could require surgical or medical attention in the next 12 months?

Give your general evaluation for the above named horse(s), and your professional opinion on soundness, both short and long-term, for its intended use.

Veterinarian's signature \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_