VET CERTIFICATE FOR EQUINE MORTALITY INSURANCE

The purpose of this examination is to identify and examine the involved horse in accordance with this Certificate, and to report to the company any medical facts known to you and/or obtained by you in the examination. Horses should be examined in motion.

I, _____do hereby certify that I am a veterinarian specializing in Equine Practice, holding a current license to practice medicine in the state of _____and have this day examined:

_____

Name Age Sire Dam

_____

Color Sex Breed Markings and/or tattoo number

Owned by: _____

Name Address

Pulse and respiration normal?	Yes ( ) No ( )	History of EIPH?	Yes ( ) No ( )
Temperature normal?	Yes ( ) No ( )	EIA negative?	Yes ( ) No ( )
Eyes normal?	Yes ( ) No ( )	Heart normal?	Yes ( ) No ( )
Any contagious or infectious disease present?	Yes ( ) No ( )	Is stabling adequate?	Yes ( ) No ( )

Any clinical evidence of objectionable vices or habits? Yes ( ) No ( ) If yes, describe: _____

Comments to above, if needed: _____

The external genitalia of this breeding stallion appear to be normal in size and consistency for his age and breed Yes ( ) No ( )

Has any surgery, including but not limited to castration or neurectomy, been performed? Yes ( ) No ( ) If yes, describe:

a) procedure, b)state of recovery, and c) likelihood of future problems and/or complications as a result of procedure: _____

_____

Any clinical evidence of lameness, faulty conformation, or other abnormal conditions? Yes ( ) No ( ) If yes, describe: _____

_____

History of colic or any other intestinal disorder? Yes ( ) No ( ) If yes, describe, including frequency of occurrence: _____

_____

Explanation of any abnormal findings and/or additional comments: _____

_____

In your opinion or to your knowledge, are there any other medical facts that should be brought to the attention of the company or any reason other than shown above why this animal should not be insured? _____

_____

Except as noted above, I hereby certify to the best of my knowledge and belief the horse is sound and in good condition.

Date of examination: _____ Time of examination: _____

By: _____ Address: _____

Print name City, State, Zip Code

_____ Phone: _____

Signature

_____