VETERINARY CERTIFICATE OF HEALTH

The horse being examined should be moved outside of the stall to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and the presence of contagious disease.

I, *(Print Name)* _____ do certify that I am a graduate Veterinarian holding a current

license to practice in _____ and that I have on this date and time examined:

Name of Horse: _____

	Sex	*Breed*	*Year of Birth (date for foals)*	*Sire*

_____ Owned by: _____

Dam   *Color*   *Tattoo/Brand*

Pulse and respiration normal?	Yes	No	Has any surgery ever been performed?	Yes	No
Temperature normal?	Yes	No	Any digestive disorder past or present?	Yes	No
Eyes clinically normal?	Yes	No	Any indication of infection or disease?	Yes	No
Heart ausculated and found normal?	Yes	No	Subject to or previous history of colic?	Yes	No
History or evidence of bleeder?	Yes	No	If male, has horse been castrated?	Yes	No
History or evidence of nerving?	Yes	No	If male, are both testicles evident?	Yes	No
Any evidence of laminitis?	Yes	No	If female, is she reported in foal?	Yes	No

If female, any symptoms detrimental to satisfactory breeding?   Yes   No

Any indication of lameness?   Yes   No   Is the stabling adequate?   Yes   No

Is there Contagious diseases on premises or neighborhood?   Yes   No   Are you the usual veterinary for the applicant?   Yes   No

Date last wormed: _____   Date of vaccination for West Nile Virus: _____

ADDITIONAL QUESTIONS FOR FOALS UNDER 90 DAYS OF AGE

Due date of foal: _____

Does mare have adequate milk and is foal able to stand and nurse on it's own?   Yes   No

Meconium passed and no signs of colic?   Yes   No

List congenital abnormalities: _____

Umbilicus normal with no hernia?   Yes   No   Provide IgG levels: _____   At what age: _____

Has any colustrum/plasma supplement been given?   Yes   No   If yes, Volume: _____

CBDC done?   Yes   No   Has foal received any medication?   Yes   No

Give complete details in regard to any of the above questions that might have a bearing on the health or soundness of this horse and in addition are there any other medical facts that you feel should be brought to the attention of THE INSURANCE COMPANY:

Except as noted above, I certify that to the best of my knowledge and belief this horse is healthy and sound and thereby insurable.

Date and time: _____   Telephone Number: _____

Email: _____   Address: _____

Signature: _____
                    Veterinarian's Signature

VETERINARY CERTIFICATES ARE NOT ACCEPTABLE UNLESS RECEIVED BY INSURERS WITHIN 30 DAYS OF COMPLETION