

# VETERINARIAN CERTIFICATE

Animal 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/her ability as a licensed Veterinarian. The completed certificate should be forwarded to the Insurance Broker without delay. Please give a full description of animal if registration or tattoo not available.

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

## ANIMAL DESCRIPTION

(Please complete in full)

Sex	Age	Name	Breed	Use/Function	*Tattoo/Registration No.

\* Description (Colour, Markings, Etc.) Required if Tattoo or Registration # not available

Owned by: \_\_\_\_\_  
 Name Address

Pulse and respiration normal?	Yes	No	Has male been castrated?	Yes	No
Temperature normal?	Yes	No	If mare, is she reported in foal?	Yes	No
Eyes clinically normal?	Yes	No	Any lameness or faulty conformation?	Yes	No
Heart auscultated?	Yes	No	History or evidence of colic?	Yes	No
History or evidence of bleeder?	Yes	No	Evidence of Laminitis or Founder?	Yes	No
History or evidence of nerving?	Yes	No	Is stabling adequate?	Yes	No
Has any surgery been performed?	Yes	No	describe type of surgery and date _____		

Is there any likelihood of further complications or any need for follow-up surgical procedures? \_\_\_\_\_

Is any type of surgery being contemplated or is there any deformity or abnormality which could predispose the animal towards the need for any surgical repair or correction? \_\_\_\_\_

In your opinion or to your knowledge, are there any medical or other facts that should be brought to the attention of the Company? \_\_\_\_\_

Mares Only: Has any mare suffered any breeding or foaling complications in the past? \_\_\_\_\_

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

Remarks: \_\_\_\_\_

Date of examination \_\_\_\_\_ Address \_\_\_\_\_

X \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
 Veterinarian's Signature

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