

HORSE INSURANCE SPECIALISTS, INC.

1013 S. Hwy. 377 Pilot Point, Texas 76258

(800) 346-3271 (940) 686-2228

FAX (940) 686-5375

www.horse-insurance.com



**VETERINARY CERTIFICATE OF EXAMINATION
(To be completed by veterinarian)**

The horse being examined for insurance should be moved about 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, _____ do certify that I am a graduate Veterinarian holding a current license to practice in the State of _____ State License # _____, and that I have this time and date examined:

- (1) Name of horse: A. _____ B. _____
- (2) Owned by: _____ Seller's Name: _____
- (3) Address: _____ City _____ State _____ Zip _____
- (4) Phone: _____ Fax: _____

	Horse A		Horse B			Horse A		Horse B	
	Yes	No	Yes	No		Yes	No	Yes	No
(5) Pulse and respiration normal?	___	___	___	___	(22) Any history of seizure?	___	___	___	___
(6) Temperature normal?	___	___	___	___	(23) Any indication of lameness?	___	___	___	___
(7) Eyes clinically normal?	___	___	___	___	(24) Evidence of firing or blistering?	___	___	___	___
(8) Heart auscultated and found normal?	___	___	___	___	(25) Is the stabling adequate?	___	___	___	___
(9) History or evidence of bleeder?	___	___	___	___	(26) Contagious disease on premises or in neighborhood?	___	___	___	___
(10) History or evidence of nerving?	___	___	___	___	(27) Results of fecal examination normal on this date?	___	___	___	___
(11) Any evidence of laminitis/founder?	___	___	___	___	(28) Are you the usual veterinarian for applicant?	___	___	___	___
(12) Has any surgery ever been performed?	___	___	___	___	Additional for foals between 24 hrs and 150 days of age:				
(13) Has horse been castrated?	___	___	___	___	(29) Was birth normal with no complications?	___	___	___	___
(14) If male, are both testicles evident?	___	___	___	___	(30) Foal stand and nurse normally?	___	___	___	___
(15) If female, is she reported in foal?	___	___	___	___	(31) Pulse strong and normal?	___	___	___	___
(16) Subject to or previous history of colic?	___	___	___	___	(32) Respiration regular and completely clear?	___	___	___	___
(17) Any digestive disorder past or present?	___	___	___	___	(33) Has foal received any medication?	___	___	___	___
(18) Any indication of infection or disease?	___	___	___	___	(34) CBC normal on this date?	___	___	___	___
(19) Any symptoms detrimental to satisfactory breeding?	___	___	___	___	(35) IGG normal on this date?	___	___	___	___
(20) Has HYPP test been done?	___	___	___	___	(24 hours-30 days old)				
(21) If yes, what were the results?									

(37) 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 Company or any reason why the horse should not be insured: _____

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

(39) Signature: _____ (41) Telephone No.: _____ Fax: _____

(40) Address: _____ (42) Date and Time: _____