Veterinary Certificate of Examination

Named Insured: _____		Policy Number (if existing policy): _____			
Horse Name & Tattoo Or Reg. No.	**Breed**	**Age**	**Color**	**Sex**	**Sire / Dam**

Owned by, if other than insured: _____ **Location of animal(s):** _____

The horse being examined 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.
Please request additional form for permanent disability coverage.

TO THE VETERINARIAN: Horses with a history of colic, founder or nerving may not be insurable. If there is evidence or knowledge of these problems, please provide all details. **I, _____, do certify that I am a graduate Veterinarian holding a current license to practice in _____ (indicate state).** **Are you the usual Veterinarian? ☐ Yes ☐ No**

1. Pulse & respiration normal? ☐ Yes ☐ No
2. Temperature normal? ☐ Yes ☐ No
3. Eyes clinically normal? ☐ Yes ☐ No
4. Heart auscultated & found normal? ☐ Yes ☐ No
5. History or evidence of bleeder? ☐ Yes ☐ No
6. History of evidence of nerving? ☐ Yes ☐ No
7. Ever been treated for navicular disease, Arthritis, laminitis or founder? ☐ Yes ☐ No
8. Any indication or history of lameness and/or faulty conformation? ☐ Yes ☐ No
9. Any diagnostic procedures, including ultrasounds, x-rays, bone scans, etc…? ☐ Yes ☐ No
10. Are any preventive treatment(s) / supplements used including, intramuscular and/or intravenous? ☐ Yes ☐ No
    If yes, give details:_____
11. Are any Intra-articular Injections used? ☐ Yes ☐ No
    If yes, give details:_____
12. Evidence of firing or blistering? ☐ Yes ☐ No
13. Any conditions detrimental to satisfactory breeding? ☐ Yes ☐ No
14. Ever been tested/treated for EPM? ☐ Yes ☐ No
    If yes, Date: _____ Results:_____
15. Any episodes related to HYPP? ☐ Yes ☐ No
16. Any indication of infectious disease? ☐ Yes ☐ No
17. Contagious disease on premises or in neighborhood? ☐ Yes ☐ No
18. Any clinical evidence of objectionable vices or habits? ☐ Yes ☐ No
19. Is the stabling and/or fencing adequate? ☐ Yes ☐ No
20. Have you discussed the horse's health history with the owner or caretaker? ☐ Yes ☐ No
21. Has a complete pre-purchase or soundness exam been performed within the past 90 days? ☐ Yes ☐ No
    (Provide details of any abnormal results.)
22. To your knowledge, have any of these horses suffered an accident, sickness or disease, had any veterinary treatment (apart from preventive inoculations) or have been unsound in any way? ☐ Yes ☐ No
    If yes, provide details on separate sheet.
23. Subject to or any history of gastro intestinal/digestive disorders? ☐ Yes ☐ No
24. a.) Has any surgery been performed? ☐ Yes ☐ No
    b.) If yes, has horse fully recovered? ☐ Yes ☐ No
    If yes, attach details on separate page.
25. Is there likelihood of future danger to life or limb as a result of such surgery? ☐ Yes ☐ No
26. If male, are both testicles evident? ☐ Yes ☐ No
27. Has horse been castrated? ☐ Yes ☐ No
28. a. If female, is she reported in foal? ☐ Yes ☐ No
    b. If in foal, give due date: _____

For foals 24 hours to 90 days of age, you must also complete the following questions.

29. Was birth normal with no complications? ☐ Yes ☐ No
    If no, attach details on separate page.
30. Date and time of birth:_____
31. Normal urination & bowel movement? ☐ Yes ☐ No
32. Has foal received any medication? ☐ Yes ☐ No
33. Is IgG/CBC normal on this date? ☐ Yes ☐ No

Give complete details in regard to any the above questions that might have a bearing on the health or conformation or soundness of this horse: _____

Are any of these horses receiving any medication? If so, give details: _____

In addition, are there any other medical facts that you feel should be brought to the attention of the Company? _____

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

Signature: _____ Phone Number: (____)_____ Fax Number: (____)_____

Address: _____ Date & Time of Exam: _____

This certificate must be received by the Company within 30 days of the exam date and/or prior to renewal.
Please note the owner/agent is responsible for submitting this form to the Insurance Company.

Markel
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