



Equine Insurance, Inc.

Post Office Box 770788
Ocala, Florida 34477-0788

Telephone (352) 237-2164
Fax 352 873 0888

VETERINARY CERTIFICATE FOR MORTALITY INSURANCE

Horses 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 ability as a licensed Veterinarian. The completed certificate should be forwarded to the above address without delay.

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

Name \_\_\_\_\_ (USE BACK FOR MORE THAN ONE) AGE \_\_\_\_\_ COLOR \_\_\_\_\_ SEX \_\_\_\_\_ BREED \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_

Markings or tattoo number \_\_\_\_\_

Owned by \_\_\_\_\_ Address \_\_\_\_\_

- Pulse and respiration normal? Yes [ ] No [ ]
Temperature normal? Yes [ ] No [ ]
Eyes appear normal? Yes [ ] No [ ]
Heart Auscultated? Yes [ ] No [ ]
Has any other surgery been performed on the horse? Yes [ ] No [ ]
Bleeder? Yes [ ] No [ ]
Chronic colicker? Yes [ ] No [ ]
Has horse been nerved? Yes [ ] No [ ]
Has horse been castrated? Yes [ ] No [ ]

If any surgery has been performed, describe type of surgery \_\_\_\_\_

If surgery has been performed, has horse fully recovered? \_\_\_\_\_

Is there any likelihood of future danger to life or limb as a result of such surgery? \_\_\_\_\_

Any lameness or faulty conformation or other abnormal conditions? \_\_\_\_\_

Indicate any medical condition that, in your opinion, endangers the life of this animal \_\_\_\_\_

Is the stabling adequate? \_\_\_\_\_

Any contagious or infectious disease present? \_\_\_\_\_

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

Signed \_\_\_\_\_

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

The following Pregnancy Certificate is to be completed for Prospective Foal Insurance ONLY.

PREGNANCY CERTIFICATE

I have this day performed a manual examination on the mare listed above, and I have followed the customary standard veterinary clinical procedures in performing this examination. Based upon my findings from this examination, it is my opinion:

- 1. That said mare is in foal; and
2. That said mare is not carrying twins, but this cannot be determined with absolute certainty by the examination performed by me.
3. That said mare is barren.

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

Signed \_\_\_\_\_

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

(over)

Name

Age Color

Sex

Sire

Dam

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**Fold on Line**