Please fax back to: *1-281-533-9116*

H & H INSURANCE AGENCY
LIVESTOCK INSURANCE

P. O. Box 520, Simonton, Texas 77476

(281) 346-2667 FAX (281) 533-9116

Representing

AMERICAN LIVE STOCK INSURANCE COMPANY

(630) 232-2100 Telex: 720445 200 South Fourth Street Geneva, Illinois 60134

VETERINARY CERTIFICATE OF EXAMINATION 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 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 of page for more than one horse) Age Color Sex Breed

Sire _____ Dam _____

Markings or tattoo number _____

Owned by _____
Name Address

	Yes	No		Yes	No
Pulse and respiration normal?	____	____	History or evidence of nerving?	____	____
Temperature normal?	____	____	Has horse been castrated?	____	____
Eyes clinically normal?	____	____	Has any surgery been performed on the horse?	____	____
Heart auscultated?	____	____	If mare, is she reported in foal?	____	____
History or evidence of bleeder?	____	____	If male, are both testicles evident?	____	____

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? _____

Is the stabling adequate? _____

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company? _____

Is there evidence of vices or objectional habits? _____

Has official E.I.A. Test been run? _____ Date? _____ Lab No. _____ Result _____

Except as noted above, I hereby certify that to the best of my knowledge and belief the horse is sound and normal in every other respect.

Remarks: _____

Signed _____
Veterinarian

Date of Examination _____ Address _____

***MUST BE CURRENT - WITHIN 2 WEEKS**