INDEPENDENT EQUINE AGENTS

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Veterinary Certificate of Examination for Equine Mortality Insurance

(502) 245-6878
(502) 245-9698 FAX
1-800-346-8880

The purpose of this examination is to identify and examine the involved horse in accordance with this certificate, and to report the medical facts obtained by the examination to the insurance company. This Veterinary Certificate of Examination for Mortality Insurance is NOT a statement of insurability or serviceability for any intended use.

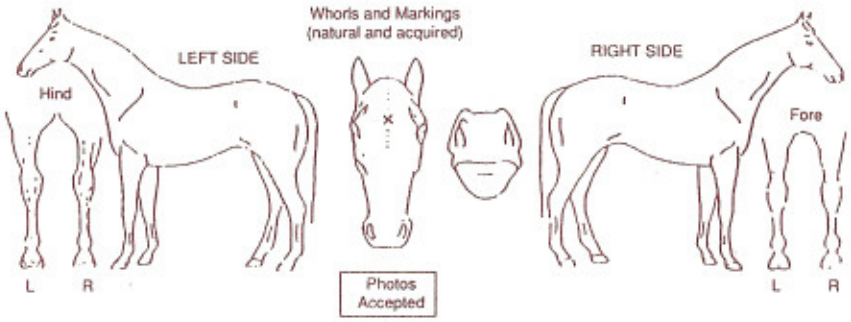
Horses being examined should be observed in motion. This certificate should be completed by the examining veterinarian to the best of his knowledge and ability as a licensed veterinarian.

I, _____, do hereby certify that I am a graduate veterinarian and hold a current license to practice veterinary medicine in the State of _____ and that I have this date examined:

Name: _____ Breed: _____

Age: _____ Color: _____ Sex: _____ Tattoo: _____

Sire: _____ Dam: _____



Owner: _____ Address: _____

_____

Temperature: _____ °F Pulse: _____ b/min Respiration: _____ b/min

Is horse a bleeder?	Yes ❑	No ❑	NTMK ❑
Has horse been nerved?	Yes ❑	No ❑	NTMK ❑
Eyes clinically normal?	Yes ❑	No ❑	
Heart and lungs ausclutated?	Yes ❑	No ❑	
If male, are both testicles palpable?	Yes ❑	No ❑	Castrated ❑
In your opinion, is there any clinical evidence of lameness, or significant conformational defects or other pathological conditions? (Explain below)	Yes ❑	No ❑	
Does this horse manifest clinical evidence of contagious or infectious disease? (Explain below)	Yes ❑	No ❑	
Any history or clinical evidence of surgery? If yes, explain below	Yes ❑	No ❑	NTMK ❑
Any colic within last 12 months?	Yes ❑	No ❑	NTMK ❑

If mare, is she reported to be pregnant?	Yes ❑	No ❑	NTMK ❑
Date of last pregnancy exam? _____			
Any knowledge or clinical evidence of contagious or infectious disease on the premises within the last 60 days? (Explain below)	Yes ❑	No ❑	
Any clinical evidence of objectionable vice or habits? (Explain below)	Yes ❑	No ❑	
In your opinion or to your knowledge, are there any additional medical facts that should be brought to the attention of the company? (Explain below)	Yes ❑	No ❑	
Has official EIA test been run?	Yes ❑	No ❑	

Date: _____ Results: _____ Lab: _____

If any surgery has been performed, describe date and type of surgery, recovery and prognosis: _____

_____

_____

_____

Explaination of abnormal findings and/or additional comments? _____

_____

Date: _____ Time: _____ (of examination)

Signed: _____ Address: _____
Veterinarian

Phone: _____