VETERINARY CERTIFICATES ARE NOT ACCEPTABLE UNLESS COMPLETED WITHIN 20 DAYS PRIOR TO BEING RECEIVED BY AGENT

SUBSTANTIATION FOR VALUES NOT INSURED AT PURCHASE PRICE

Racing Record		
Life Earnings	This Year	Last Year
A)		
B)		

Breeding Stallions		
Stud Fee This Year	Stud Fee Last Year	Mares Serviced Last Year / Current Year

Show Horse Record		
Show Name	Date Class Place	Total Earnings
	Please Provide Information on Separate Paper	

Broodmare Information				
Date Last Bred	Total Number of Foals	Highest Price Paid for One Foal	Total Price of all Foals Sold	Current Sire and Stud Fee
A)				
B)				

Home Breds				
Sire	Service Fee	Dam	Selling Price of Progeny By Sire	By Dam

Any further information to justify value _____

VETERINARIAN'S EXAMINATION

I have examined the following animal(s) and have seen them in motion at the walk or trot.

To the best of your knowledge:	A) Horse Name	B) Horse Name
1. Is there any pulse or respiration problem?		
2. Is temperature above or below normal?		
3. Any eye problems?		
4. Any heart problem? (i.e. heart murmur, etc.)		
5. Any history or evidence of bleeder?		
6. Any history or evidence of nerving?		
7. Has horse been fired or blistered?		
8. Any other operation been performed?		
9. Has horse been ill within the past twelve months?		
10. Any likelihood of future danger to life or limb as result of operation or illness?		
11. Is there any lameness, unsoundness of limb or faulty conformation?		
12. If mare, is she in foal?		
13. Any past breeding or foaling problems?		
14. If male, any problems with testicles?		
15. Vices or objectionable habits?		
16. Any indications of contagious disease on premises or in area?		
17. Any other medical facts affecting insurance?		
18. Date of last worming and frequency?		

Please explain any "yes" answers or comments _____

ADDITIONAL FOR FOALS UNDER 150 DAYS ***(Newborn foals must be examined at 24 hours, not before)***

1. Was birth normal without complications? _____
2. Is foal an orphan? _____
3. Has foal received any medication? _____
4. CBC normal on this date? _____
5. IgG test results _____

SIGNATURE	
ADDRESS	
OFFICE PHONE ( )	
DATE / /	TIME