

Veterinarian:
Address:.....
.....
Phone:.....



EXAMINATION CERTIFICATE (EQUINE)
FOR INSURANCE PURPOSES

VETERINARY CERTIFICATE

Owner: Address:		Business Phone #: Fax #: Home Phone #: Cell #:	
Name of Horse:		Breed:	
Tattoo or Freeze Brand No	Colour:	Sex:	
Date of Birth:	Sire:	Dam:	
Use of Horse:			

An adequate history, including the occurrence of colic, bleeding, abortion, illness or disease, or surgical operations (e.g. neurectomy) must be recorded below to the best of your knowledge. You are not expected to pass judgment on the insurability of the horse, your responsibility is to attest to the health of the horse at the time of the examination.

It is required that each animal shall be examined outside the stall and that it be made to move about to demonstrate freedom from lameness. A physical examination of each individual, including temperature, pulse rate, respiratory rate, auscultation of the heart and lungs (pre and post exercise), auscultation of the abdomen and eye examination must be performed. Further tests or specialized diagnostic procedures may be requested by the Insurance Company.

I.	II.	III.
(a) Is there any history of colic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe	(a) Pre Exercise Post Exercise Normal Abnormal Normal Abnormal Temperature Pulse Rate Respiratory If abnormal, state abnormality.....	(a) Have you previously attended the above horse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what purpose:
(b) Is there a history of bleeding (epistaxis)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	(b) Have there been any incidences of West Nile Virus in the horse's environment? <input type="checkbox"/> Yes <input type="checkbox"/> No Has this animal been vaccinated for West Nile Virus? <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) Have you previously attended other animals for the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long?
(c) Has there been any previous illness, disease or accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	(c) Normal Abnormal Auscultation of heart Auscultation of lungs Auscultation of gastro-intestinal tract If abnormal, state abnormality:	(c) Are the applicant's husbandry practices (e.g. nutrition, facilities, parasite control and vaccination schedules) <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate If inadequate describe:.....
(d) Is there a history of previous surgical operations on this horse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe	(d) Locomotion: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal If abnormal, state abnormality:	(d) Is there any abnormal incidence of contagious disease in the horse's environment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe
(e) Has this mare ever aborted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe	(e) Eyes: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal If abnormal, state abnormality:	IV. Special tests and results: V. Any further comments:
(f) Date of last Coggins test: Result		
(g) Is the mare reported in foal? <input type="checkbox"/> Yes <input type="checkbox"/> No Last breeding date:.....		

I have examined the above horse at this time and my findings are stated above.

Date: Signature:

Park Insurance operated by
Brownstone Insurance Services Inc.
680 Tradewind Dr, Unit 12
Ancaster, ON L9G 4V5
905 304 1780, 800 265 9933, Fax 905 304 6148

IN-FOAL CERTIFICATE

MARE:
OWNER:
IN FOAL TO:
LAST BREEDING DATE:
DATE OF ULTRA SOUND:

I have this day examined the mare listed above, and 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.
- 2. That this mare is not carrying twins, but this cannot be determined with absolute certainty by the (manual and/or ultrasound) exam performed by me.
- 3. That said mare is barren
- 4. That said mare is sound for breeding

Remarks:

Date: _____ DVM



Park Insurance operated by
Brownstone Insurance Services Inc.
680 Tradewind Dr, Unit 12
Ancaster, ON L9G 4V5
905 304 1780, 800 265 9933, Fax 905 304 6148