VETERINARIAN'S EXAMINATION

The purpose of this examination is to identify and examine the involved horse(s) in accordance with this certificate, and report the medical facts obtained by the examination to the insurance company. This Veterinary Certificate of Examination should be completed by the examining veterinarian to the best of his knowledge and ability. Any exceptions for health conditions require company approval before coverage can be bound.

NAME OF OWNER _____ **1.** _____ **2.** _____ **3.** _____

To the best of your knowledge….

1. Is there any pulse or respiration problem?	YES NO	YES NO	YES NO
2. Is temperature above or below normal?	YES NO	YES NO	YES NO
3. Eyes clinically normal?	YES NO	YES NO	YES NO
4. Heart and lungs auscultated?	YES NO	YES NO	YES NO
5. Any history or evidence of bleeder?	YES NO	YES NO	YES NO
6. Any history or evidence of nerving?	YES NO	YES NO	YES NO
7. Has any surgery been performed? Describe below if surgery has been performed & if horse clinically recovered.	YES NO	YES NO	YES NO
8. Has horse been ill within the past twelve months?	YES NO	YES NO	YES NO
9. Any likelihood of future danger of life or limb as result of operation or illness?	YES NO	YES NO	YES NO
10. Any clinical evidence of lameness, unsoundness of limb or faulty conformation?	YES NO	YES NO	YES NO
11. Any evidence of sarcoids or melanomas?	YES NO	YES NO	YES NO
12. If mare, is she reported in foal?	YES NO N/A	YES NO N/A	YES NO N/A
13. If male, are both testicles evident?	YES NO N/A	YES NO N/A	YES NO N/A
14. If under 30 days old provide IGG level			
15. Vice or objectionable habits?	YES NO	YES NO	YES NO
16. Any indications of contagious disease on premises or in area?	YES NO	YES NO	YES NO
17. To your knowledge are there any other medical facts that should be brought to the attention of the company?	YES NO	YES NO	YES NO
18. Date of last worming and frequency?			
19. Has an official E.I.A. test been run?			

REMARKS:

Date of Exam: _____ **Signature**_____ **Address**_____ **Office phone** _____

FORM SHOULD BE SUBMITTED TO US WITHIN 10 DAYS OF EXAMINATION

Dietrich & Co. Equine Insurance 2527 Nelson-Miller Parkway Suite #202 Louisville, KY 40223
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