

**EQUINE INSURANCE VETERINARY CERTIFICATE OF HEALTH**  
(For horses over 45 days of age)

*The HORSE being examined should be moved outside of the stall to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and the presence of contagious or infectious diseases or other issues relevant to the health/wellbeing of the HORSE.*

VETERINARIAN \_\_\_\_\_ Address \_\_\_\_\_

Licensed to practice in \_\_\_\_\_

Telephone \_\_\_\_\_

Name of Practice \_\_\_\_\_ in State of \_\_\_\_\_

Owner/INSURED \_\_\_\_\_ at (farm) \_\_\_\_\_

Name of HORSE \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_

Breed \_\_\_\_\_ Use \_\_\_\_\_ Sire \_\_\_\_\_ Dam \_\_\_\_\_ Lip Tattoo No. \_\_\_\_\_

Instructions to Examining VETERINARIAN completing this form. Please read the following statements and declaration in Section 1 before completing Section 2. Your signature at the bottom of this page also constitutes your agreement with the declaration in Section 1.

Section 1

1. The pulse and respiration are normal.
2. The temperature is normal.
3. The eyes are clinically normal.
4. The heart was auscultated and found normal.
5. No history or evidence of being a bleeder while racing.
6. No history or evidence of nerving, firing, or blistering.
7. No history or evidence of laminitis.
8. No evidence of sarcoids/melanomas
9. No surgery has ever been performed.
10. No digestive disorder past or present.
11. No previous history of colic/ulcers.
12. No HYPP symptoms and/or negative results.
13. Horse appears in good condition.
14. No indication of infection or disease.
15. If male, HORSE is not believed to be cryptorchid.
16. If male, both testicles evident and palpate normally.
17. If female, no external symptoms detrimental to normal breeding.
18. No history or evidence of lameness.
19. The stabling is adequate.
20. There is no contagious or infectious disease on premises or neighborhood.
21. If foal, birth was normal with no complications.
22. HORSE has received no medication in past year other than routine.
23. No conformational abnormalities that would interfere with the HORSE'S intended use.
24. No early signs or indications of ataxia.
25. HORSE has not received any joint injections. If yes, please give full details of what drug is being injected, where it is being injected, how often injected, along with the details of the condition for which such injections are being given, or if the injections are for routine maintenance.

I declare (to the best of my professional knowledge) that the statements listed above are correct in respect of the subject HORSE with the exception of those listed below (please give full details:

Incorrect statement numbers and comments:

Statement	

Section 2

1. Date of Coggins test. \_\_\_\_\_
2. Please list diseases currently inoculated against. \_\_\_\_\_
3. If female, is she reported in foal? \_\_\_\_\_
4. If so, what is her last breeding date? \_\_\_\_\_
5. What was the last worming date of the HORSE? \_\_\_\_\_
6. Are you the usual VETERINARIAN for the HORSE? \_\_\_\_\_

**PLEASE USE THE BACK OF THE PAGE IF YOU NEED TO EXPAND ON ANYTHING IN EITHER SECTION 1 OR 2 OR ANY OTHER ISSUES THAT YOU FEEL ARE RELEVANT TO THE HEALTH OR ENVIRONMENT OF THE HORSE.**

Except as noted above, I certify that to the best of my knowledge and belief this HORSE is healthy and sound and in my opinion is a suitable candidate for mortality insurance for the use stated above.

Date and time of examination: \_\_\_\_\_ VETERINARIAN Signature \_\_\_\_\_