



TAYLOR HARRIS INSURANCE SERVICES, LTD

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Veterinary Certificate for Foals aged 24 hours to 45 days

VETERINARIAN'S STATEMENT OF EXAMINATION FOR MORTALITY INSURANCE

Animals examined for insurance should be moved about outside the stall/pen and observed for any abnormalities in movement or conformation. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease.

I, _____, do hereby certify that I am a graduate Veterinarian holding a current license to practice in the State of _____ and that I have this day examined the following animal at rest and in motion:

Horse's Registered Name _____ Age _____ Color _____ Sex _____ Breed _____

Sire _____ Dam _____

Foaling Date and Time _____

Owned by: _____

Owner Name

Address

Was the foal born premature?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there evidence of diarrhea?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the mare previously had a jaundiced Foal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has the meconium passed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the mare have adequate milk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heart auscultated and found normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the mare allow the foal to nurse without being restrained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lungs auscultated and found normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the foal able to get up and down and nurse on its own?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gastro-Intestinal tract auscultated and found normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the foal shown any signs of colic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Locomotion normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there evidence of cleft palate or parrot mouth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Temperature normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there evidence of congenital cataracts or other abnormalities of the eyes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pulse rate normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the foal have any flexural deformities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Respiratory Rate Normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were any ribs broken during parturition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the stabling adequate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the umbilicus dry and normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the CBC reading normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there evidence of umbilical or inguinal hernia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the WBC between 5.0 and 12.6?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Are there signs or evidence of contagious or infectious diseases on the premises or in the neighborhood?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- Please list all diseases currently inoculated against. _____
- What medication has the foal received post-partum? _____
- What was the IgG reading of the foal's blood? _____
- At what age was the sample taken? _____
- How many times were IgG levels taken? (Show all results and times) _____
- Has a colostrum supplement been given to the foal, and if so, when? _____
- Has plasma been given to the foal, and if so, when? _____
- Is a nurse mare being used for this foal, and if so, has the mare accepted the foal? _____

This certificate has been completed by the examining veterinarian to the best of his or her ability as a licensed veterinarian.

Date and Time of Examination

Veterinarian's Signature

Telephone Number

Print Name

Veterinarian's Address