



TAYLOR HARRIS INSURANCE SERVICES, LTD

(800) 291-4774 | info@thishorseinsurance.com

PO Box 449, Middleburg, VA 20118 | www.thishorseinsurance.com

# Veterinary Certificate

for horses over 45 days of age

## 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		
Markings/Tattoo # _____				

Owned by: \_\_\_\_\_

Owner Name	Address				Yes	No
Pulse and respiration normal?	Yes	No	History or evidence of nerving, firing or blistering?	Yes	No	
Temperature normal?	Yes	No	Has horse been castrated?	Yes	No	
Eyes clinically normal?	Yes	No	Any history or evidence of other surgery?	Yes	No	
Heart auscultated and found normal?	Yes	No	If mare, is she reported in foal?	Yes	No	
Any History or evidence of lameness?	Yes	No	If male, are both testicles evident?	Yes	No	
Vaccinated against WEST NILE VIRUS?	Yes	No	If male, are genitalia of normal size and consistency for a horse of this age and breed?	Yes	No	
Any history or evidence of colic surgery?	Yes	No	Do feet appear normal?	Yes	No	
Any history or evidence of laminitis?	Yes	No	Is the horse wormed and vaccinated?	Yes	No	
Any evidence of Sarcoids/Melanomas?	Yes	No	Is the horse receiving joint injections?	Yes	No	
Is the stabling adequate?	Yes	No				
Is hair and coat smooth and shiny?	Yes	No				

- If the horse is receiving joint injections, please give **full details of what drug, where it is being injected, how often, along with the condition for which injections are given, or if they are routine maintenance.** \_\_\_\_\_
- If any surgery has been performed, describe type of surgery, and give date of surgery \_\_\_\_\_
- If surgery has been performed, has horse clinically recovered? \_\_\_\_\_
- Is there any likelihood of future danger to life or limb as a result of such surgery? \_\_\_\_\_
- Any clinical evidence of lameness, faulty conformation (angular, flexural, laxity), joint swelling or localized limb edema, or other abnormal conditions? If yes, give details \_\_\_\_\_
- Detail any abnormalities of the penis or scrotum \_\_\_\_\_
- If female, describe and history of gestation, lactation, or parturition problems \_\_\_\_\_
- Is the stabling adequate? \_\_\_\_\_
- In your opinion or to your knowledge, are there any additional medical facts that should be brought to the attention of the Company? If yes, give details, including date(s) \_\_\_\_\_
- Is there evidence of vices or objectionable habits? \_\_\_\_\_
- Are there currently any contagious diseases on the owner's farm? Give details \_\_\_\_\_
- If the horse receives any medication, please list \_\_\_\_\_
- Has official E.I.A. Test been run: \_\_\_\_\_ Date? \_\_\_\_\_ Lab No. \_\_\_\_\_ Result \_\_\_\_\_
- How long have you been the veterinarian for this horse? \_\_\_\_\_

***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