



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

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

- 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 \_\_\_\_\_
- 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	