



TAYLOR HARRIS INSURANCE SERVICES, LTD
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 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 ulcers, medical colic, or 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