TAYLOR HARRIS INSURANCE SERVICES, LTD
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PO Box 449, Middleburg, VA 20118 | www.thishorseinsurance.com

Veterinary Certificate

for Foals aged 24 hours to 30 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 ☐	No ☐		Is there evidence of diarrhea?	Yes ☐	No ☐	
Has the mare previously had a jaundiced Foal?	Yes ☐	No ☐		Has the meconium passed?	Yes ☐	No ☐	
				Heart auscultated and found normal?	Yes ☐	No ☐	
Does the mare have adequate milk?	Yes ☐	No ☐		Lungs auscultated and found normal?	Yes ☐	No ☐	
Does the mare allow the foal to nurse without being restrained?	Yes ☐	No ☐		Gastro-Intestinal tract auscultated and found normal?	Yes ☐	No ☐	
Is the foal able to get up and down and nurse on its own?	Yes ☐	No ☐		Locomotion normal?	Yes ☐	No ☐	
				Temperature normal?	Yes ☐	No ☐	
Has the foal shown any signs of colic?	Yes ☐	No ☐		Pulse rate normal?	Yes ☐	No ☐	
Is there evidence of cleft palate or parrot mouth?	Yes ☐	No ☐		Respiratory Rate Normal?	Yes ☐	No ☐	
				Is the stabling adequate?	Yes ☐	No ☐	
Is there evidence of congenital cataracts or other abnormalities of the eyes?	Yes ☐	No ☐		Is the CBC reading normal?	Yes ☐	No ☐	
				Is the WBC between 5.0 and 12.6?	Yes ☐	No ☐	
Does the foal have any flexural deformities?	Yes ☐	No ☐		Are there signs or evidence of contagious or infectious diseases on the premises or in the neighborhood?	Yes ☐	No ☐	
Were any ribs broken during parturition?	Yes ☐	No ☐					
Is the umbilicus dry and normal?	Yes ☐	No ☐					
Is there evidence of umbilical or inguinal hernia?	Yes ☐	No ☐					

1. Please list all diseases currently inoculated against. _____
2. What medication has the foal received post-partum? _____
3. What was the IgG reading of the foal's blood? _____
4. At what age was the sample taken? _____
5. How many times were IgG levels taken? *(Show all results and times)* _____
6. Has a colostrum supplement been given to the foal, and if so, when? _____
7. Has plasma been given to the foal, and if so, when? _____
8. 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

FORMS DATED MORE THAN 14 DAYS PRIOR TO SUBMISSION MAY NOT BE ACCEPTED.