



Veterinarian's Statement of Examination

The purpose of this examination is to identify and examine the involved horse in accordance with this Certificate, and to report to the company any medical facts known to you and/or obtained by you in the examination. Horses should be examined in motion.

I, _____ do hereby certify that I am a veterinarian specializing in Equine Practice, holding a current license to practice medicine in the state of _____ and have this day examined:

Name _____ Age _____ Color _____ Sex _____ Breed _____

Sire _____ Dam _____

Markings/Tattoo #: _____

Owned by: _____

Name

Address

Pulse and respiration normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	History or evidence of laminitis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Temperature normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	History or evidence of nerving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eyes clinically normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any evidence of other surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart auscultated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If mare, is she reported in foal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vaccinated against WEST NILE VIRUS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If male, are both testicles evident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
History or evidence of bleeder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has horse been castrated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has horse ever had colic surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Genitalia of normal size and consistency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If any surgery has been performed, describe type of surgery, and give date of surgery (please give recovery status) _____

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 _____

Is stabling adequate? _____ Is there evidence of vices or objectionable habits? _____

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) _____

Are there currently any contagious diseases on the owner's farm? Give details _____

Has official E.I.A. Test been run: _____ Date? _____ Lab No. _____ Result _____

ADDITIONAL FOR FOALS 24 HOURS TO 30 DAYS:

Date & Time of Birth _____

Was birth normal with no complications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any flexural deformities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was foal born premature/dysmature?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does foal have patent urachus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did foal stand and nurse normally?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does foal show any signs of colic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is umbilicus dry and normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any evidence of cleft palate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any evidence of diarrhea?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there evidence of a hernia (umbilical/inguinal)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If under 8 days old, has Meconium been or reported by attending staff/owner to have been passed normally? _____

Is foal's appearance and behavior consistent with normal gestation parturition? _____

IgG Reading(s) and Date(s) taken: _____ White Blood Count & date taken: _____

Has foal received any medication, plasma, or colostrum supplement? _____ If yes, give date(s): _____

Is foal presently on any medication, including antibiotics? Yes No Are they prophylactic or therapeutic treatment? _____

What antibiotic is being administered and how long will it be administered? _____

Is there any history or evidence of rib fracture(s)? If yes, how many ribs are fractured? _____

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 _____