

## VETERINARIAN'S EXAMINATION

The purpose of this examination is to identify and examine the involved horse(s) in accordance with this certificate, and report the medical facts obtained by the examination to the insurance company. This Veterinary Certificate of Examination should be completed by the examining veterinarian to the best of his knowledge and ability. Any exceptions for health conditions require company approval before coverage can be bound.

NAME OF OWNER \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**To the best of your knowledge....**

1. Is there any pulse or respiration problem? _____	YES NO _____	YES NO _____	YES NO _____
2. Is temperature above or below normal? _____	YES NO _____	YES NO _____	YES NO _____
3. Eyes clinically normal? _____	YES NO _____	YES NO _____	YES NO _____
4. Heart and lungs auscultated? _____	YES NO _____	YES NO _____	YES NO _____
5. Any history or evidence of bleeder? _____	YES NO _____	YES NO _____	YES NO _____
6. Any history or evidence of nerving? _____	YES NO _____	YES NO _____	YES NO _____
7. Any history or evidence of laminitis? _____	YES NO _____	YES NO _____	YES NO _____
8. Any history or evidence of colic surgery? _____	YES NO _____	YES NO _____	YES NO _____
9. Any history or evidence of any other surgery? _____ Describe below if surgery has been performed & if horse clinically recovered.	YES NO _____	YES NO _____	YES NO _____
10. Has horse been ill within the past twelve months? _____	YES NO _____	YES NO _____	YES NO _____
11. Any likelihood of future danger of life or limb as result of operation or illness? _____	YES NO _____	YES NO _____	YES NO _____
12. Any clinical evidence of lameness, unsoundness of limb or faulty conformation? _____	YES NO _____	YES NO _____	YES NO _____
13. Any evidence of sarcoids or melanomas? _____	YES NO _____	YES NO _____	YES NO _____
14. If mare, is she reported in foal? _____	YES NO N/A _____	YES NO N/A _____	YES NO N/A _____
15. If male, are both testicles evident? _____	YES NO N/A _____	YES NO N/A _____	YES NO N/A _____
16. If under 30 days old provide IGG level _____	_____ _____	_____ _____	_____ _____
17. Vice or objectionable habits? _____	YES NO _____	YES NO _____	YES NO _____
18. Any indications of contagious disease on premises or in area? _____	YES NO _____	YES NO _____	YES NO _____
19. To your knowledge are there any other medical facts that should be brought to the attention of the company? _____	YES NO _____	YES NO _____	YES NO _____
20. Date of last deworming and frequency? _____	_____ _____	_____ _____	_____ _____
21. Has an official E.I.A. test been run? _____	_____ _____	_____ _____	_____ _____

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Signature \_\_\_\_\_ Address \_\_\_\_\_ Office phone \_\_\_\_\_

FORM SHOULD BE SUBMITTED TO US WITHIN 10 DAYS OF EXAMINATION

**Energy Equine Insurance PO Box 1001, Pewee Valley KY 40056**

Phone 800-999-6986 Fax 502-244-0724 [www.energyequine.com](http://www.energyequine.com) email: debora@energyequine.com