

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY COVERAGE

Foals Under 30 days – (Not to be completed prior to 24 hours of age.)

EQUINE INSURANCE SPECIALISTS

Tel: (800) 723-9414

Fax: (866) 207-6953

Applicant: _____ Producer: _____ Date: _____

Foal's Name: _____ Date of Birth: _____ Hour of Birth: _____ Sex: _____

Breed: _____ Dam: _____ Sire: _____

Intended Use: _____ Color: _____ Markings: _____

For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry HYPP, please indicate the horse's HYPP status. (Circle one.)

N/N N/H H/H N/A

If results for the foal are not available, please indicate:

Dam's HYPP status: **N/N N/H H/H N/A**

Sire's HYPP status: **N/N N/H H/H N/A**

For Arabian Horses, is there a history of Combined Immunodeficiency (CID) in either the Sire or Dam? Yes No

Has a blood count been performed? Yes No

If yes, please provide the results: _____

Was parturition complicated in any way? Yes No

Did the mare drip or stream milk prior to parturition? Yes No

Does the mare have a history of producing jaundiced foals? Yes No

How many foals has the mare produced previously? _____

How many of the mare's foals have survived weaning? _____

If the mare lost any foals, please provide details (year, cause of loss) separately.

How long was the gestation period? _____

How long before foal stood unassisted? _____

How long before foal nursed unassisted? _____

Was foal given supplemental colostrum? Yes No

Was (Is) the foal given supplemental milk? Yes No

Is milk regurgitated from the nose following nursing? Yes No

Is the foal an orphan or twin? Yes No

Is umbilical or scrotal hernia present? Yes No

Subject to or any previous history of colic? Yes No

Have any medications been administered? Yes No

Any evidence of infection or disease? Yes No

Contagious diseases on premises or locally? Yes No

If the horse is a colt, are both testicles evident? Yes No

Any evidence of lameness? Yes No

If any of the above questions are yes, please explain on a separate page.

Type and schedule of worming program: _____

IgG results (required if under 30 days old): _____

Approximate weight of the foal at time of examination: _____

Does the mare allow the foal to nurse freely? Yes No

Has all the meconium been passed? Yes No

What is the consistency of the stool? _____

Has the foal urinated normally? Yes No

Pulse and Respiration normal? Yes No

Heart auscultation normal? Yes No

Respiration auscultation normal? Yes No

Temperature normal? Yes No

Eyes clinically normal? Yes No

Are the limbs straight? Yes No

Are joints normal? Yes No

(Note any distention, congenital deformity, swelling, heat, stiffness and/or pain.)

Back Yes No

Stifles Yes No

Knees Yes No

Hocks Yes No

Fetlocks Yes No

Tendons and Ligaments Yes No

Is the stabling and turn out safe and adequate? Yes No

Are you the usual veterinarian for the applicant? Yes No

If any of the above questions are no, please explain on a separate page.

Are there any pre-existing conditions, history of lameness, or additional medical facts that should be brought to the attention of the Insurance Company?

Has the foal been attended by you or any other veterinarian for any ailment, injury or medical problem since its foaling? If yes, explain.

Has an X-ray or ultrasound examination been performed on the foal since its foaling? If so, why, and what were the results?

Has foal ever undergone surgery? If so, describe type of surgery, date and recovery.

Are you aware of any condition past or present that could require surgical or medical attention in the next 12 months?

Give your general evaluation for the above named foal.

I (print name) _____, do certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____, and that I have on this day examined the above named foal.

Veterinarian's signature: _____ Phone: _____ Date and Time of Exam: _____

I (print name) _____, as the Owner or representative for the owner as the primary trainer and/or caretaker, have provided to the best of my ability accurate and complete information on the above named foal.

Owner, trainer, or primary caretaker's signature: _____ Date: _____