

# Equine Insurance Specialists

Phone: (800) 723-9414 Fax: (866) 207-6953

## GENITALIA EXAMINATION CERTIFICATE

(Complete for Stallion Permanent Disability Coverage Endorsement)

Animal's Name: \_\_\_\_\_

I have this day examined the horse listed above and find his external genitalia to be normal in appearance.

Exceptions: \_\_\_\_\_

\_\_\_\_\_  
Veterinarian Name: \_\_\_\_\_

(Please Print)

Signed: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Phone: \_\_\_\_\_