Equine Insurance Specialists, LLC
PO Box 12440, Lexington, KY 40583-2440
www.insureyourhorse.com

TEL: (800) 723-9414
FAX: (866) 207-6953

Fertility Examination Form

This form is to be completed by a licensed veterinarian in addition to the regular veterinarian certificate when Stallion Infertility is being applied for.

	Equine Insurance Specialists, LLC
Insured Name	**Agent Name**
Horse Name	**Policy Number**

Left Testicle Size	Right Testicle Size
Height	**Height**
Width	**Width**
Circumference	**Circumference**

Veterinarian Comments:

I HAVE EXAMINED THE GENITALIA OF THE ABOVE ANIMAL. I HAVE PALPATED THE TESTICLES AND FIND THAT THEY ARE WITHIN NORMAL PARAMETERS AND FULLY DESCENDED INTO THE SCROTUM. I CONSIDER THIS STALLION SOUND AND FIT FOR BREEDING.

Veterinarian's Signature **Date of Exam**

RETURN THIS COMPLETED FORM TO THE INSURANCE AGENT.
DO NOT SEND DIRECTLY TO THE INSURANCE COMPANY.