



Insurance Carrier: StarNet Insurance Company  
3655 North Point Parkway, Suite 625, Alpharetta, GA 30005 • (866) 298-5525

**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.

\_\_\_\_\_  
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.**