Equine Insurance Specialists
PO Box 12440
Lexington, KY 40583-2440

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

Genitalia Certificate of Examination

(for Stallion Accident, Sickness & Disease Infertility)

Insured Name: _____

Address: _____

Phone: _____

Stallion Information:

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: _____ Phone: _____

_____
Signature of Veterinarian Date of Examination

Breeding History

Number of mares bred last year:_____ Number of mares conceived: _____

Number of mares booked this season: _____ Owned: _____ Outside: _____

Stud fee: _____

_____
Signature of Insured Date