

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY COVERAGE

Applicant: _____	Producer: _____	Date: _____
Horse's Name: _____ Date of Birth*: _____ Sex: _____ Ht.: _____ Breed: _____		
Current and/or Intended Use: _____ Level: _____		
Color: _____	I.D. #'s – Tattoo: _____	AHSA: _____ FEI: _____ Other: _____

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**

Describe type of work the horse has been in the last six months. If at rest or turned out, why?

Pulse and Respiration normal at rest and after work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has the horse ever had colic surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart auscultation normal at rest and after work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Subject to or any previous history of colic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiration auscultation normal at rest and after work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	History or evidence of a bleeder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Temperature normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	History or evidence of nerving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eyes clinically normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any evidence or history of laminitis, club foot, or P3 rotation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Palpations normal? (Note any swelling, heat, stiffness and/or pain.)					
Back	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any evidence of infection or disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stifles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Contagious diseases on premises or locally?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Knees	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any symptoms detrimental to satisfactory breeding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hocks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there evidence of objectionable habits? Vices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fetlocks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If the horse is a stallion, are both testicles evident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tendons and Ligaments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If the horse is a mare, is she in foal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hoof tester results negative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If the horse is a mare, any history of dystocia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Properly shod?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any major conformation faults, which may affect the horse for its intended use, short or long term?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the stabling and turn out safe and adequate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Are you the usual veterinarian for the applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any evidence of lameness jogging straight or on circles in both directions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If any are answered no, please explain on a separate page.

Type and schedule of worming program: _____

If any are answered yes, please explain on a separate page.
***If the horse is under 30 days old, please submit IgG results 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 horse been attended by you or any other veterinarian for any ailment, injury or medical problem in the last 12 months? If yes, explain.

Does the horse have present evidence of tendonitis / desmitis? If so, describe.

Has an X-ray or ultrasound examination been performed on the horse in the last 12 months? If so, why and what were the results?

Is the horse sound for the use intended?

Has horse 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 horse, and your professional opinion on soundness, both short and long-term, for its intended use.

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 horse.
Veterinarian's signature: _____ **Phone:** _____ **Date:** _____

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