



VETERINARY CERTIFICATE OF EXAMINATION



PLEASE NOTE YOU MUST HAVE THIS FORM FILLED OUT SEPARATELY FOR EACH HORSE.

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE *(Not necessary for Specified Perils Coverage – F.L.T.)*

Horses being examined for insurance should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining veterinarian to the best of his/her ability as a licensed veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

I, _____, do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____ and that I have this day examined:

Horse's Name	Age	Color	Sex	Breed
_____	_____	_____	_____	_____

Owner's Name: _____ Owner's Address: _____

City: _____ State: _____ Zip: _____

1	Pulse and respiration normal?	Yes	No	7	History of colic?	Yes	No
2	Temperature normal?	Yes	No	8	History or evidence of nerving?	Yes	No
3	Eyes clinically normal?	Yes	No	9	Has horse been castrated?	Yes	No
4	Heart auscultated?	Yes	No	10	Has any surgery been performed on the horse?	Yes	No
5	History of evidence of bleeder?	Yes	No	11	If mare, is she reported in foal?	Yes	No
6	History of laminitis/founder?	Yes	No	12	If male, are both testicles evident?	Yes	No

Date last dewormed: _____ How often dewormed? _____

If any surgery has been performed, describe the type of surgery and date. _____

If any surgery has been performed, has the horse fully recovered? Yes No

Is there any likelihood of future danger to life or limb as a result of each surgery? Yes No

Any lameness or faulty conformation or other abnormal conditions? Yes No

Is the stabling adequate? Yes No

Is there evidence of vices of objectionable habits? Yes No

Are you the regular veterinarian for this horse or client? Yes No

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company? Yes No

If yes, please explain. _____

EXCEPT AS NOTED ABOVE, I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE HORSE IS, EXCEPT AS NOTED, SOUND.

Additional Remarks: _____

Veterinarian's Address: _____ Veterinarian's Phone: _____

Date of Exam _____ Signature of Veterinarian: _____

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G2 EQUINE

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