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Horse(s) owned by: _____

Horses examined:

1) Name: _____	Age: _____	Sex: _____	Breed: _____	Use: _____
2) Name: _____	Age: _____	Sex: _____	Breed: _____	Use: _____
3) Name: _____	Age: _____	Sex: _____	Breed: _____	Use: _____

To the best of your knowledge, are there now or have there ever been any:

	horse #1	horse #2	horse #3
a) pulse, respiration or temperature abnormalities?.....	_____	_____	_____
b) eyes or vision defects?.....	_____	_____	_____
c) heart defects or heart murmurs?.....	_____	_____	_____
d) bleeding, nerving, firing or blistering?.....	_____	_____	_____
e) gastrointestinal disorders or colic incidents?.....	_____	_____	_____
f) operations performed?.....	_____	_____	_____
g) lameness or unsoundness of limbs?.....	_____	_____	_____
h) conformation faults?.....	_____	_____	_____
i) vices or objectionable habits?.....	_____	_____	_____
j) indications of contagious disease on the premises or in the area?.....	_____	_____	_____
k) medical facts affecting life, health or use?.....	_____	_____	_____
l) dangers to life or limb related to an illness, injury or disease?.....	_____	_____	_____

Additional questions:

m) If female, is she in foal? (provide due date).....	_____	_____	_____
n) If female, any breeding or foaling problems?.....	_____	_____	_____
o) If male, has he been gelded?.....	_____	_____	_____
p) If male, any problems with testicles?.....	_____	_____	_____

Questions for foals under 30 days (not examined before 24 hours):

q) Were there any foaling complications?.....	_____	_____	_____
r) Is the foal an orphan?.....	_____	_____	_____
s) Has the foal received any medication?.....	_____	_____	_____
t) Is CBC normal?.....	_____	_____	_____
u) IgG level – provide measurement.....	_____	_____	_____

Please explain any 'yes' answers, including dates and treatment given. Also advise how any operation, illness, injury or disease will affect the life, health or use of the animal: _____

I have examined the horse(s) named above, at rest and while in motion.

Veterinarian's Signature: X _____ **Date of Exam:** _____
Time of Exam: _____

Veterinarian's Name: _____
Address: _____
Telephone Number (_____) _____ Facsimile Number (_____) _____

COVERAGE IS BOUND ONLY WHEN A BINDER HAS BEEN ISSUED BY THE COMPANY.

*****RETURN THIS COMPLETED FORM TO THE INSURANCE AGENT. *****