



Phone: 940-686-0869 Fax: 940-686-5203  
 PO Box 185 Pilot Point, TX 76258

## VETERINARY CERTIFICATE OF EXAMINATION

The horse being examined for insurance placement should be moved about and outside of the stall and viewed from front and back to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and possible presence of contagious disease.

I, \_\_\_\_\_ do certify that I am a graduate Veterinarian holding a current license to Practice in the state of \_\_\_\_\_ with current license # \_\_\_\_\_ and that I have this time and date examined:

Name of horse: \_\_\_\_\_ Approximate age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Owned by: \_\_\_\_\_

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
1) Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>	16) History or evidence of lameness?	<input type="checkbox"/>	<input type="checkbox"/>
2) Temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>	17) Evidence of firing or blistering?	<input type="checkbox"/>	<input type="checkbox"/>
3) Eyes Clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	18) Is the stabling adequate?	<input type="checkbox"/>	<input type="checkbox"/>
4) Heart auscultate and found normal?	<input type="checkbox"/>	<input type="checkbox"/>	19) Contagious disease on premises or in an area that post threat to animal?	<input type="checkbox"/>	<input type="checkbox"/>
5) History of evidence of bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	20) Results of last fecal examination? _____ On this date: _____		
6) History or evidence of nerving?	<input type="checkbox"/>	<input type="checkbox"/>	21) Date last wormed? _____		
7) History or evidence of laminitis?	<input type="checkbox"/>	<input type="checkbox"/>	22) Are you the usual veterinarian for applicant? _____ If so, for how long? _____	<input type="checkbox"/>	<input type="checkbox"/>
8) Has any surgery ever been performed?	<input type="checkbox"/>	<input type="checkbox"/>	23) Was birth normal with no complications?	<input type="checkbox"/>	<input type="checkbox"/>
9) Has horse been castrated? If yes, list date: _____	<input type="checkbox"/>	<input type="checkbox"/>	24) Foal stand and nurse normal?	<input type="checkbox"/>	<input type="checkbox"/>
10) If male, are both testicles evident?	<input type="checkbox"/>	<input type="checkbox"/>	25) Pulse strong and normal?	<input type="checkbox"/>	<input type="checkbox"/>
11) If female, is she reported in foal? If yes, list due date: _____	<input type="checkbox"/>	<input type="checkbox"/>	26) Respiration regular and completely clear?	<input type="checkbox"/>	<input type="checkbox"/>
12) Previous foaling problems?	<input type="checkbox"/>	<input type="checkbox"/>	27) Has foal received any medication?	<input type="checkbox"/>	<input type="checkbox"/>
13) Subject to or previous history of colic?	<input type="checkbox"/>	<input type="checkbox"/>	28) CBC normal on this date: _____	<input type="checkbox"/>	<input type="checkbox"/>
14) Any digestive disorder past or present?	<input type="checkbox"/>	<input type="checkbox"/>	29) IgG Test: Method _____ Results _____	<input type="checkbox"/>	<input type="checkbox"/>
15) Any history or symptoms detrimental to satisfactory breeding	<input type="checkbox"/>	<input type="checkbox"/>	30) Nursing natural mother?	<input type="checkbox"/>	<input type="checkbox"/>
31) HYPP test results _____					
32) Date of last Coggins _____ Results _____					
33) Have the above animal(s) remained on a consistent, effective deworming program at least every 90 days? and have the above animal(s) had at least semi annual influenza and rhino pneumonitis inoculations? and have had annual Tetanus, Eastern and Western Equine Encephalitis and West Nile Virus inoculations	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
34) Explain any abnormal history, evidence or any other condition that may affect the health or use of the animal. (use separate sheet if necessary) _____				<input type="checkbox"/>	<input type="checkbox"/>
35) Comment on whether the seasonal feeding and supplement program is conducive to the territory and use of the animal and weather program may contribute to gastrointestinal disorders: _____					

**Except as noted, I certify that to the best of my knowledge the above information is correct and I believe this horse is healthy and sound.**

### Examination

Date and time: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 City: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 State: \_\_\_\_\_

**Application and Veterinary Certificate of Examination must be postmarked within 15 days of date and time completed**