



# LEG Insurance Solutions

A Markel Agency

## Veterinary Certificate

Phone: 866.844.2331 Fax: 818.748.1532

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE 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 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 date examined:

Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

Markings or Tattoo # \_\_\_\_\_

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

Name

Address

	YES	NO		YES	NO
Pulse and respiration normal:	<input type="checkbox"/>	<input type="checkbox"/>	History or evidence of nerving?	<input type="checkbox"/>	<input type="checkbox"/>
Temperature normal:	<input type="checkbox"/>	<input type="checkbox"/>	Has horse been castrated?	<input type="checkbox"/>	<input type="checkbox"/>
Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	Has any surgery been performed?	<input type="checkbox"/>	<input type="checkbox"/>
Heart auscultated?	<input type="checkbox"/>	<input type="checkbox"/>	If mare, is she reported in foal?	<input type="checkbox"/>	<input type="checkbox"/>
History or evidence of bleeder?	<input type="checkbox"/>	<input type="checkbox"/>	If male, are both testicles evident?	<input type="checkbox"/>	<input type="checkbox"/>

If any surgery has been performed, describe type: \_\_\_\_\_

If surgery has been performed, has horse fully recovered? \_\_\_\_\_

Is there any likelihood of future danger to life or limb as a result of such surgery? \_\_\_\_\_

Any lameness of faulty conformation or other abnormal conditions? \_\_\_\_\_

Is the stabling adequate? \_\_\_\_\_

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company? \_\_\_\_\_

Is there evidence of vices or questionable habits? \_\_\_\_\_

REMARKS: \_\_\_\_\_

**ADDITIONAL FOR FOALS UNDER 150 DAYS** (Newborn foals must be examined at 24 hours, not before)

Was birth normal, no complications? \_\_\_\_\_ Is foal an orphan? \_\_\_\_\_ Has foal received any medication: \_\_\_\_\_

CBC normal on this date: \_\_\_\_\_ IgG test results: \_\_\_\_\_

Except as noted above, I hereby certify that to the best of my knowledge and my belief the horse is, except as noted, in an insurable condition.

Date of Birth of Foal: \_\_\_\_\_

Signed: \_\_\_\_\_

Date of Exam: \_\_\_\_\_