

Veterinary Certificate of Examination for Mortality Coverage - Expanded

Exclusively Underwritten By: **AMERICAN EQUINE INSURANCE GROUP**

Applicant: _____ Producer: _____ Date: _____

Horse's Name: _____ Date of Birth: _____ Sex: _____ Ht.: _____ Breed: _____

Current and/or Intended Use: _____ Level: _____

Color: _____ I.D. #'s - Tattoo: _____ USEF: _____ 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?			Any evidence of infection or disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Contagious diseases on premises or locally?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stifles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there evidence of objectionable habits? Vices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Knees	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any history of uncharacteristic behavior in the last 24 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hocks	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"/>
Fetlocks	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"/>
Tendons and Ligaments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any evidence of bone or joint disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Please note any swelling, heat, stiffness and/or pain for any answer "No".)			If any are answered yes, please explain on a separate page.		
Hoof tester results negative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Properly shod?	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"/>			

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

Type and schedule of worming program: _____

Drug Screen Results: Required for new purchases valued over \$500,000. **Must be taken at the time of the exam.** Please attach results.

Are you the usual veterinarian for the applicant? Yes No

If no, have you treated/examined this horse previously. Explain: _____

Are you aware if the horse has received any performance enhancing procedures, including intramuscular and/or joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? Yes No

Have you or any other veterinarians attended the horse for any ailment, injury, lameness, or medical problem in the last 12 months? Yes No

Are you aware of any pre-existing conditions? Yes No

Are you aware of any condition, past or present, that could require surgical or medical attention in the next 12 months? Yes No

If any are answered yes, please explain on a separate page.

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?

Has the horse ever undergone surgery? If so, describe type of surgery, date, and recovery.

Active and Passive Flexion Test Results: Active test with the horse jogging immediately on a hard surface. Please provide a written evaluation for all.

Front Fetlocks:

Knees/Carpus:

Hind Fetlocks:

Hocks:

Stifles:

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 veterinarian to the best of my ability accurate and complete information on the above named horse.

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