

VETERINARY CERTIFICATE OF EXAMINATION

The horse being examined for insurance should be moved about outside of the stall and viewed from front and back to demonstrate conformational issues, soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and possible presence of contagious disease. **If Loss of Use coverage is desired by the horse owner please secure LOU Supplemental App. from Agent.**

TO THE VETERINARIAN: Horses with a history of colic, disease, founder, nerving, or lameness may not be insurable. If there is evidence or knowledge of these problems, please provide all details or Medical History. 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 date examined.**

****One horse per Veterinary Certificate. Please make additional copies as needed for additional horses.****

Name & Reg. #/Tattoo	Breed	Age	Color	Sex	Sire/Dam

Owned By: _____ Location of animal(s): _____

- | | Yes | No |
|--|-------|-------|
| 1. Pulse & Respiratory normal? | _____ | _____ |
| 2. Temperature normal? | _____ | _____ |
| 3. Eyes clinically normal? | _____ | _____ |
| 4. Heart auscultated & found normal? | _____ | _____ |
| 5. History or evidence of bleeder? | _____ | _____ |
| 6. History or evidence of nerving? | _____ | _____ |
| 7. Ever been treated for navicular disease, arthritislaminitis/founder? | _____ | _____ |
| 8. Any indication or history of lameness and/or faulty conformation? | _____ | _____ |
| 9. Any maintenance, therapeutic or treatment medications? Yes, explain below | _____ | _____ |
| 10. Evidence of firing or blistering? | _____ | _____ |
| 11. Subject to or any history of gastrointestinal/digestive/colic disorders? | _____ | _____ |
| 12. Has any surgery been performed? If yes, attach details on separate page. | _____ | _____ |
| 13. If any surgery performed, has horse fully recovered? | _____ | _____ |
| 14. Is there likelihood of future danger to life or limbs as a result of such surgery? | _____ | _____ |
| 15. If male, are both testicles evident? Date castrated? _____ | _____ | _____ |
| 16. If female, is she reported in foal? If in foal, give due date: _____ | _____ | _____ |
| 17. Any conditions detrimental to satisfactory breeding? | _____ | _____ |
| 18. History/evidence of neurologic? If yes, Disease _____ Date: _____ Results: _____ | _____ | _____ |
| 19. Any Congenital Disease? | _____ | _____ |
| 20. Date of last coggins? _____ Results: _____ | _____ | _____ |
- Comments on any above negative responses: _____

- | | Yes | No |
|---|-------|-------|
| 21. Has above horse remained on a consistent, effective de-worming program at least every 90 days? | _____ | _____ |
| 22. Are semi-annual influenza, rhino pneumonitis and WNV and annual tetanus, EEE & WEE up to date? | _____ | _____ |
| 23. Any indication of infectious disease? | _____ | _____ |
| 24. Contagious disease on premises or in area? | _____ | _____ |
| 25. Any clinical evidence of objectionable vices or habits? | _____ | _____ |
| 26. Is stabling and/or fencing adequate? | _____ | _____ |
| 27. Are you the usual Veterinarian? How long – mos/yrs? _____ | _____ | _____ |
| 28. Have you discussed the horse's health history with the owner or caretaker? | _____ | _____ |
| 29. Has a complete pre-purchase or soundness exam been performed within the past 90 days? (If yes, provide copy) | _____ | _____ |

For foals 24 hours to 90 days of age, you must also complete the following questions:

- | | | |
|---|-------|-------|
| 30. Birth normal with no complications? If no, please attach details on separate page. | _____ | _____ |
| 31. Pulse strong and normal? | _____ | _____ |
| 32. Respiratory regular & completely clear? | _____ | _____ |
| 33. Normal urination & bowel movement? | _____ | _____ |
| 34. Has foal received any medications? | _____ | _____ |
| 35. Is IgG normal on this date? <small>(adequate = 800 mg/dl; partial = 400-800 mg/dl; failure = <400 mg/dl)</small> | _____ | _____ |

Comment on work/use of the horse during the last six (6) months. If at rest or turned out please explain why? _____

Comment on animal husbandry or feed management concerns, propensities, conformational problems, abnormal history, evidence or any other condition that may affect the welfare, health or use of the animal: _____

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 free of any prior health conditions and lameness conditions.

Vet Signature: _____
Address: _____
City, St, Zip: _____
Contact Info: _____

Exam Date: _____
(Application & VC must not be older than 30 days of date and time completed)

Applicable State Insurance Fraud Clauses

AR, LA, WV

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison." (AR ST s 23-66-503) (LA R.S. 40:1424) (WV ST 33-41-3)

CO "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies." (CO ST s 10-1-128)

DC "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant." (DC ST s 22-3225.09)

FL "Any person who knowingly and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree." (FL ST s 817.234)

HI "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both." (HI ST s 431:10C-307.7)

KY "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime." (KY ST s 304.47-030)

ME "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company." (ME ST T. 24-A s 2186)

NJ "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties." (NJ ST s 17:33A-6)

NM "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties." (NM ST s 59A-16C-8)

NY "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation." (NY INS s 403 (Consol.); 11 NY ADC 86.4)

OH "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

OK "WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony." (OK ST T. 36 s 3613.1; OK ADC 365:10-1-11)

PA "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties." (PA ST Ti. Ti. 18 P.S. s 4117)

RI "The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson." (RI ST s 27-54-8)

TN, VA, WA

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits." (TN ST s 56-53-111) (VA ST s 52-40) (RCW 48.135.080)

OR, TX "Any person who makes an INTENTIONAL MISSTATEMENT that is MATERIAL TO THE RISK MAY BE found guilty of insurance fraud by a court of law"