



VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE

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

I, _____ do certify that I am a graduate Veterinarian holding a current license to practice in the state of _____ and that I have at this time and date examined:

Name _____ Age _____ Color _____ Sex _____ Breed _____ Use _____

Sire: _____ Dam: _____

Owned by: _____ Located: _____

- | | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Pulse and respiration normal? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Has any surgery ever been performed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is temperature normal? | <input type="checkbox"/> | <input type="checkbox"/> | Describe type of surgery | | |
| 3. Eyes clinically normal? | <input type="checkbox"/> | <input type="checkbox"/> | Has horse clinically recovered? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Heart auscultated and found normal? | <input type="checkbox"/> | <input type="checkbox"/> | Is there any likelihood of future danger to life or limb as a result of such surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. History or evidence of nerving? | <input type="checkbox"/> | <input type="checkbox"/> | 15. If male, are both testicles evident? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Any indication of infection or disease? | <input type="checkbox"/> | <input type="checkbox"/> | 16. If female, is she reported in foal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Subject to or any history of colic or digestive disorder past or present? | <input type="checkbox"/> | <input type="checkbox"/> | 17. Any symptoms detrimental to satisfactory breeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Date last wormed? | <input type="checkbox"/> | <input type="checkbox"/> | 18. Any history or evidence of a bleeder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the stabling adequate?. | <input type="checkbox"/> | <input type="checkbox"/> | 19. Has horse been fired or blistered? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Contagious disease on premises or in the vicinity? | <input type="checkbox"/> | <input type="checkbox"/> | 20. Has horse been ill within the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you the usual veterinarian for applicant? | <input type="checkbox"/> | <input type="checkbox"/> | 21. Any past breeding or foaling problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Any evidence of laminitis or lameness? | <input type="checkbox"/> | <input type="checkbox"/> | 22. Any vices or objectionable habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Any signs of founder? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Additional for foals under 150 days of age:

- | | | | | | |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 23. Was birth normal with no complications? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Respiration regular and completely clear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Foal stand and nurse normally? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Has foal received any medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Pulse strong and normal? | <input type="checkbox"/> | <input type="checkbox"/> | 29. CBC normal on this date? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Is foal an orphan? | <input type="checkbox"/> | <input type="checkbox"/> | 30. IgG test results? | <input type="checkbox"/> | <input type="checkbox"/> |

31. Give complete details in regard to any of the above questions that might have a bearing on the health or soundness of this horse. In addition state any other medical facts that you feel should be brought to the attention of the underwriters:

Except as noted above, I certify that to the best of my knowledge and belief, this horse is healthy and sound and thereby insurable.

See General Fraud Statement Attached

Date and time of exam: _____

Telephone No: _____

Address: _____

Fax No: _____

Signature _____

GENERAL FRAUD STATEMENT

(Not applicable in California, Colorado, Kentucky, Louisiana, Maine, New Mexico, New York, Ohio, Pennsylvania, Virginia)

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties

CALIFORNIA

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison.

COLORADO

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 or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the department of regulatory services.

KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or another 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.

LOUISIANA

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 person.

MAINE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits.

NEW MEXICO

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.

NEW YORK

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 that stated values of the claim for each such violation.

OHIO

Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. This notice is given as required by the laws of the State of Ohio.

PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties

VIRGINIA

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 a denial of insurance.
