

VETERINARY CERTIFICATE OF EXAMINATION

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 _____ with current license # _____ and that I have this time and date examined:

(1) Name of Horse: _____ Approx. Age: _____ Color: _____ Sex: _____

(2) Owned by: _____

	YES	NO		YES	NO
(3) Pulse and respiration normal?	_____	_____	(19) History or evidence of lameness?	_____	_____
(4) Temperature normal?	_____	_____	(20) Evidence of firing or blistering?	_____	_____
(5) Eyes clinically normal?	_____	_____	(21) Is the stabling adequate?	_____	_____
(6) Heart auscultated and found normal?	_____	_____	(22) Contagious disease on premises or in area that pose threat to animal?	_____	_____
(7) History or evidence of bleeder?	_____	_____	(23) Results of last fecal examination?	_____	_____
(8) History of evidence of nerving?	_____	_____	On this date _____		
(9) History of evidence of laminitis?	_____	_____	(24) Date last wormed?	_____	_____
(10) Has any surgery even been performed? ..	_____	_____	(25) Are you the usual vet for applicant?	_____	_____
(11) Has horse been castrated?	_____	_____	And for how long? _____		

Date _____

(12) If male, are both testicles evident?

(13) If female, is she reported in foal?

Due Date _____

(14) Previous foaling problems?

(15) Subject to or previous history of colic? ...

(16) Any digestive disorder past or present? ..

(17) Any indication of infection or disease? ...

(18) Any history or symptoms detriment to

satisfactory breeding?

(34) HYPP test results (if applicable) _____

(35) To the best of my knowledge and belief this animal has been dewormed at least every 90 days Yes No

has had at least semi-annual influenza and Rhinopneumonitis inoculations Yes No

annual Tetanus & Encephalitis inoculations Yes No

and West Nile Virus vaccine Yes No

(36) Explain any abnormal history, evidence or any other condition which may affect the health, welfare or use of this animal.

(Use separate sheet if necessary) _____

(37) Comment on whether the seasonal feeding program is adequate for territory and use of 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 sound.

(38) Examination Date and Time: _____ (39) Veterinary Signature: _____

(40) Telephone #: _____ (41) Address: _____

(42) City: _____ State: _____ Zip: _____

PLEASE SEND: Additional Applications Information regarding coverages available

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

Send completed Vet Exam to:
Courtney@DobbsEquineIns.com
Toll-Free Fax 866-506-5361
Or mail to The Hillard Agency, Inc.



The Hillard Agency, Inc.
500 South Main Street
PO Box 140
Tuscola, IL 61953
800-353-2388 toll-free
217-253-3850 fax

800-272-4047 ★ DobbsEquineIns.com