



## VETERINARY CERTIFICATE FOR MORTALITY INSURANCE

The purpose of this examination is to identify the horse in question, and to inform the company of any medical facts of which you are aware and/or obtained during your examination. Horses should be examined while moving. Particular observation must be made on the housing conditions and the presence of contagious, infectious diseases or other problems related to the health and well-being of the horse

I, the undersigned Dr \_\_\_\_\_, veterinary specialising in equine practice, , certify that i have examined the horse below :

Horse NAME \_\_\_\_\_ SIRE number: \_\_\_\_\_

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

Date of birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Race : \_\_\_\_\_ Sex : \_\_\_\_\_ Colour : \_\_\_\_\_

If gelding, please indicate the date of castration : \_\_\_\_/\_\_\_\_/\_\_\_\_

If Maiden, please state if she is pregnant, and in that case, indicate the date of last service: \_\_\_\_\_

I can confirm the following :

1. Cardiovascular system is normal	10. No signs of ataxiaThe stable is salubrious
2. Temperature is normal	11. The horse is regularly vaccinated and dewormed, and if a broodmare, vaccinated against rhinopneumonitis
3. Ophthalmological examination normal	12. Character is normal (e.g. absence of reactivity).
4. No history or signs of bleeding	13. Genital examination reveals no malformation or affection detrimental to its function.
5. No signs or reports of surgery	14. Both testicles are normal to palpation
6. No history of colic	15. Stable is sound
7.No history or sign of neurectomy	16. The horse appears to be in good health
8. No history or sign of laminitis	17. If male, 2 testicles are normal <b>to palpation</b>
9.No history or sign of lameness	18. The horse is fit for use as declared: _____

Describe the above points which, to the best of your knowledge, are abnormal: \_\_\_\_\_

Does this affect the horse's ability to live? \_\_\_\_\_

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

VETERINAY NAME (Please Print ) : \_\_\_\_\_

Are you the attending veterinarian: YES ☐ NO ☐

Date of visit : \_\_\_\_/\_\_\_\_/20\_\_\_\_

Time of la visite : \_\_\_\_h\_\_\_\_

Place of visite : \_\_\_\_\_

Veterinarian's signature :

STAMP :

► THIS CERTIFICAT MUCH BE SENT TO EQUINAXY WITHINF 10 DAYS FOLLOWING THE VETERINARY VISIT