

VETERINARY CERTIFICATE FOR FOAL MORTALITY INSURANCE

To be sent on the day of issue by the veterinarian to equinaxy@finaxy.com

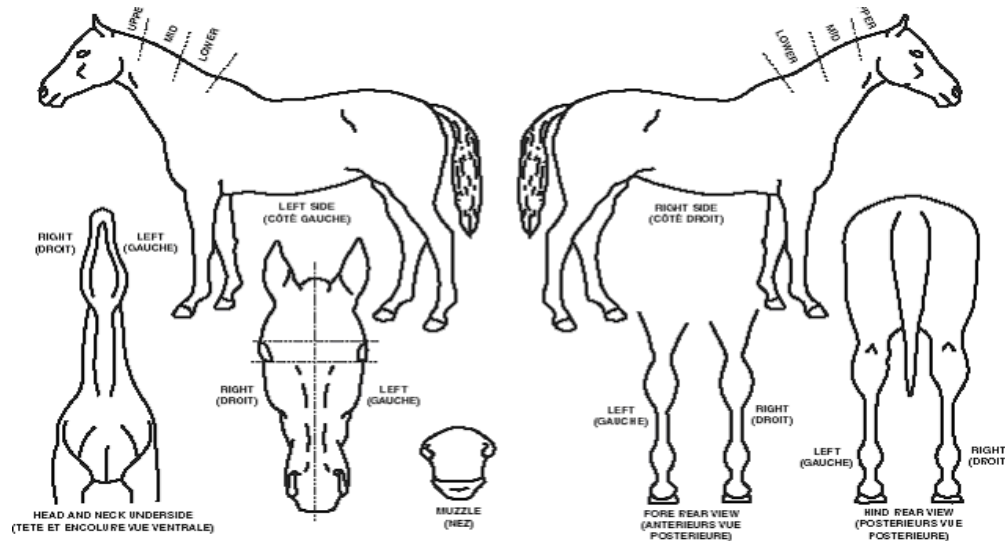
I certify that at the request of: _____

I have examined the foal described below at (place of examination) : _____ On (date & time) : ____/____/202__ à ____H__

MICROCHIP NUMBER TO BE SUPPLIED (or description to be completed if the foal is not microchipped) : _____

SIRE : _____ **DAM:** _____ **RACE :** _____

SEX : _____ **COLOUR :** _____ **DATE AND TIME OF BIRD :** _____



PART1-VETERINARIAN'S DECLARATION		YES	NO
I hereby declare that:			
FOR FOALS LESS THAN 8 DAYS OLD			
1) Meconium has been properly expelled			
2) The foal's appearance and attitude are compatible with normal gestation and foaling			
3) Absence of signs of rib fractures			
4) IgG result: _____ Date&Time: ____/____/202__ at ____H__ , Is the result normal?			
FOR ALL FOALS			
5) Absence of palatal division or parrot break			
6) Absence of obvious signs of cataracts or other eye abnormalities			
7) Absence of defects of plumb, flexion or contractures			
8) Absence of lameness or ataxia			
9) Dry umbilicus, uninfected and absence of hernia			
10) Absence of signs of inguinal hernia			
11) Absence of signs of colic			
12) No signs of diarrhea or other gastrointestinal abnormalities			
13) Normal heart rhythm			
14) Normal respiratory frequency			
15) General condition of the foal satisfactory (and therefore does not require a complete blood count)			
If a blood count has been performed, are the results normal?			
16) The foal's rectal temperature is: _____ (°C) Is it normal?			

If you answered «NO» to any of the above questions, please provide us with explanations, results, treatments, etc:

Other defects, signs of lesions, conformation or behavioral problems must be described below. Please report any veterinary treatments that have been or are being administered:

I am not aware of, nor have I seen, any obvious signs of contagious disease at the examination site, nor has any member of the stable/stud farm reported to me.

My clinic has not provided any regular or occasional veterinary care/treatment for this foal.

Date signed : ____/____/202__

SIGNATURE AND STAMP :

Name of veterinary surgeon : _____

N°TEL : _____

PART2 – DECLARATION BY OWNER OR HOLDER OF THE FOAL

This part must be completed before the veterinary declaration

Sire's name : _____ Dam's name : _____

Last service for the broodmare last year : ____/____/202__

	YES	NO	I don't know
1) The mare has already produced a jaundiced foal?			
2) The mare allows the foal to suck without being hindered?			
3) The foal is able to move and suckle on its own			
4) Are you aware of any illness during gestation or any difficulty in foaling?			
5) Have you observed milk in the nostrils after suckling?			
6) Was a substitute mother used?			
If yes, did she accept the foal?			
7) Has a colostrum supplement or plasma been given?			
If yes, explain why:			
8) Has any medication been given since birth?			
If yes, give details			

I am not aware of the presence of any infectious or contagious disease at stud or in the vicinity (*If you think there is a risk, please give details and explain*):

OWNER OR HOLDER :

SIGNATURE :

DATE OF SIGNATURE : ____/____/202__

If you are the holder only, relationship to the owner: _____