



# EQUI-CARE

## Veterinary Certificate of Examination for Equine Mortality Insurance

15221 Yonge Street, Aurora, ON L4G 1L8 Phone: 1-888-394-3330 Fax: (905) 841-0030

The purpose of this examination is to identify and examine the involved horse in accordance with this certificate and to report the medical facts obtained by the examination to the insurance company. This Veterinary Certificate of Examination for Mortality Insurance is NOT a statement of insurability or serviceability for any intended use and is NOT A PURCHASE EXAMINATION.

Horses being examined should be observed in motion. The examining veterinarian to the best of his/her knowledge and ability as a licensed veterinarian should complete this certificate.

I, \_\_\_\_\_ do hereby certify that I am a graduate veterinarian and hold a current license to practice veterinary medicine in the Province of \_\_\_\_\_ and that I have this dated examined:

Name \_\_\_\_\_

Sire \_\_\_\_\_

Year Born \_\_\_\_\_ Colour \_\_\_\_\_

Dam \_\_\_\_\_

Breed \_\_\_\_\_

Owner \_\_\_\_\_

Sex \_\_\_\_\_ Tattoo \_\_\_\_\_

Address \_\_\_\_\_

Use these codes: **M** - Mare **F** - Filly **C** - Colt **S** - Stallion **G** - Gelding

Postal Code: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Temperature \_\_\_\_\_ °C

Pulse and respiration normal? Yes  No

In your opinion, is there any clinical evidence of lameness or significant conformational defects or other pathological conditions (Explain below) Yes  No

Does this horse manifest clinical evidence of contagious or infectious disease? (Explain below) Yes  No

Any history or clinical evidence of any other surgery? Yes  No  NTMK (Not To My Knowledge)

Any colic within the last six months? Yes  No  NTMK (Not To My Knowledge)

If mare, is she currently pregnant? Yes  No  NTMK

Date of last pregnancy exam \_\_\_\_\_

Any knowledge of contagious/infectious disease on premises within last 60 days Yes  No  (Explain below)

Any objectionable habits Yes  No  (Explain below)

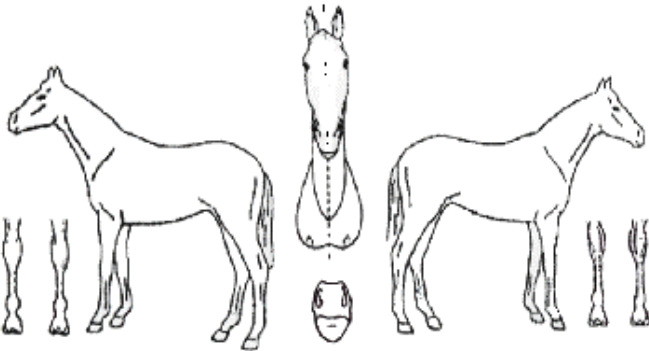
Any knowledge, of other medical facts that might interest the insurer? Yes  No  (Explain below)

Official EIA test run? Yes  No

Date \_\_\_\_\_ Results \_\_\_\_\_

Lab \_\_\_\_\_

Has the horse been fully inoculated for West Nile Virus? Yes  No  NTMK (Not To My Knowledge)



Outline all white markings.

Mark location of whorls with an X (regardless of horse having white markings)

If no white markings, fill this box with an X:

Is horse a bleeder? Yes  No  NTMK

Has horse been nerved? Yes  No  NTMK

Eyes Clinically normal? Yes  No

Hearts & lungs auscultated? Yes  No

If male, are both testicles palpable? Yes  No

Has horse been castrated? Yes  No

If so, when? \_\_\_\_\_

If surgery has been performed, has horse clinically recovered? (Explain below) Yes  No

If any surgery has been performed, describe \_\_\_\_\_

Is any type of surgery being contemplated or is there any deformity or abnormality which could predispose the animal toward the need for any surgical repair or correction? \_\_\_\_\_

Explanation of abnormal findings or additional comments \_\_\_\_\_

Time of Examination \_\_\_\_\_ am  pm

I certify I have no knowledge contrary to above statements:

Signed \_\_\_\_\_ (Veterinarian)

Signed \_\_\_\_\_ (Owner/Agent)

Date \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Date \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_