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 FOY INSURANCE-EQUINE DIVISION



VETERINARIAN'S STATEMENT OF EXAMINATION FOR MORTALITY INSURANCE

The purpose of this examination is to identify and examine the involved horse in accordance with this Certificate, and to report to the company any medical facts known to you and/or obtained by you in the examination. Horses should be examined in motion.

I, _____ do hereby certify that I am a veterinarian specializing in Equine Practice, holding a current license to practice medicine in the state of _____ and have this day examined:

Name _____ Age _____ Color _____ Sex _____ Breed _____

Sire _____ Dam _____

Markings/Tattoo # _____

Owned by: _____

Name _____ Address _____

- | | | | |
|---------------------------------------|----------------|---|----------------|
| Pulse and respiration normal? | Yes () No () | History or evidence of nerving? | Yes () No () |
| Temperature normal? | Yes () No () | Has horse been castrated? | Yes () No () |
| Eyes clinically normal? | Yes () No () | Any evidence of other surgery? | Yes () No () |
| Heart auscultated? | Yes () No () | If mare, is she reported in foal? | Yes () No () |
| History or evidence of bleeder? | Yes () No () | If male, are both testicles evident? | Yes () No () |
| Vaccinated against WEST NILE VIRUS? | Yes () No () | If male, are genitalia of normal size and consistency for a horse | |
| Has horse ever had colic surgery? | Yes () No () | of this age and breed? | Yes () No () |
| Any history or evidence of laminitis? | Yes () No () | | |

If any surgery has been performed, describe type of surgery and give date of surgery _____

If surgery has been performed, has horse clinically recovered? _____

Is there any likelihood of future danger to life or limb as a result of such surgery? _____

Any clinical evidence of lameness, faulty conformation (angular, flexural, laxity), joint swelling or localized limb edema, or other abnormal conditions? If yes, give details _____

Is the stabling adequate? _____

In your opinion or to your knowledge, are there any additional medical facts that should be brought to the attention of the Company? If yes, give details, including date(s) _____

Is there evidence of vices or objectionable habits? _____

Are there currently any contagious diseases on the owner's farm? Give details _____

Has official E.I.A. Test been run: _____ Date? _____ Lab No. _____ Result _____

ADDITIONAL FOR FOALS 24 HOURS TO 30 DAYS:

Was birth normal with no complications? Yes () No () Date & Time of Birth _____

Was foal born premature/dysmature? Yes () No () Any flexural deformities? Yes () No ()

Did foal stand and nurse normally? Yes () No () Does foal have patent urachus? Yes () No ()

Is umbilicus dry and normal? Yes () No () Is there evidence of a hernia (umbilical/inguinal)? _____

IgG Reading(s) and Date(s) taken _____ White Blood Count & date taken _____

Has foal received any medication, plasma or colostrum supplement? _____ If yes, give date(s) _____

Is foal presently on any medications, including antibiotics? Yes () No () Are they prophylactic or therapeutic treatment? _____

What antibiotic is being administered and how long will it be administered? _____

Is there any history or evidence of rib fracture(s) _____ If yes, how many ribs are fractured? _____

Does foal show any signs of Nocardioform Placentitis? _____ If yes, explain _____

This certificate has been completed by the examining veterinarian to the best of his or her ability as a licensed veterinarian.

Date and Time of Examination

Veterinarian's Signature

Telephone Number

Print Name

Veterinarian's Address