

VETERINARY CERTIFICATE FOR MEDICAL INSURANCE

(To be completed by the horse's usual veterinarian)

POLICYHOLDER'S DETAILS

Name of Owner: _____ Name of Horse: _____

Colour: _____ Sex: _____ Breed: _____

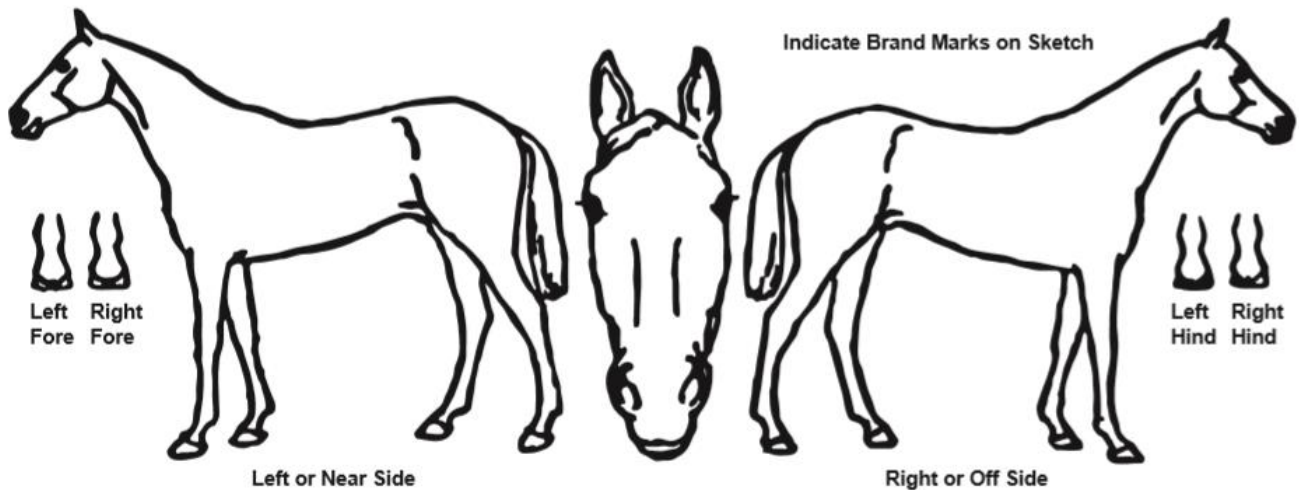
Gum Tattoo _____ Sex: _____ Age: _____

Name of Yard Owner: _____

Name and address of yard: _____

Intended use: e.g. Breeding, Hacking, Show Jumping, Dressage, Eventing Polo: _____

IDENTIFYING MARKINGS



GENERAL QUESTIONS

- Has the horse suffered from any of the following:

(a) Colic or Gastro Intestinal Problems in the past 2 years?	<input type="checkbox"/> Y <input type="checkbox"/> N
(b) Biliary Fever?	<input type="checkbox"/> Y <input type="checkbox"/> N
(c) Ruptured Blood vessels or other defects in the Circulatory System?	<input type="checkbox"/> Y <input type="checkbox"/> N
(d) Laminitis?	<input type="checkbox"/> Y <input type="checkbox"/> N
(e) Lameness during the past year?	<input type="checkbox"/> Y <input type="checkbox"/> N
(f) Any serious illness or injury?	<input type="checkbox"/> Y <input type="checkbox"/> N
(g) Equine Influenza	<input type="checkbox"/> Y <input type="checkbox"/> N
- What vaccinations have been administered during the past year and when where they administered?

- What diseases are active in the environment?

- Is the animal clinically normal? (Include Genitalia) Y N
If NO, give detailed diagnosis and prognosis: _____

- Describe any defective conformation and / or lesions which may have prognostic significance.

Is there any evidence of vices, e.g. Crib-biter, Kicker, Weaver, Windsucker, etc.? Y N

If YES, provide details: _____

6. Has the horse required Veterinary attention during the last 12 months? Y N

If YES, please specify: _____

7. Are the eyes normal on ophthalmoscope examination Y N

If NO, provide details: _____

8. Have you examined the horse while it is performing its intended use? Y N

If NO, give reasons: _____

9. Is the heart rate within normal limits at rest and at work? Y N

If NO, give reasons: _____

10. Is there any evidence of a heart murmur before or after work? Y N

If YES, provide details: _____

11. Are there any respiratory abnormalities detected at rest or at work? Y N

12. Is there evidence of wear and tear, such as windgalls? Y N

If YES, provide details: _____

13. Are all 4 flexion tests negative? Y N

If NO, Provide details: _____

14. Is back palpation normal? Y N

If NO, provide details: _____

15. Is the horse on chronic medication or treatment? Y N

If YES, provide details: _____

16. Specify any special examinations which may have been done: _____

FINAL CONCLUSIONS AND REMARKS

In the opinion of the examining Veterinary Surgeon this horse is/is not a suitable subject for insurance cover only for the use intended above. Please provide full details of any illness, injury or abnormalities, inclusive of dates if not noted above

Name of veterinarian

Signature of veterinarian

Date

Name of practice/practice stamp: _____

THE FEE FOR THIS EXAMINATION IS FOR THE OWNER'S ACCOUNT

All horses must be examined at work in their intended use category for which insurance is requested.

No cover will be granted unless the horse is suitably worked for this examination