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VETERINARY CERTIFICATE OF EXAMINATION FOR INSURANCE

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

Breed _____ age _____ Color _____ Sex _____

Markings and /or tatoo number: _____

Owned by: _____

Name _____ Address _____ Email _____

Temperature, pulse and respiration normal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eyes normal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart normal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History of EIPH?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EIA negative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If male, are both testicles evident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If mare, is she reported in foal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please comment: _____

Has any surgery, including castration or neurectomy been performed? Yes No

If yes, describe a. procedure, b. state of recovery, c. likelihood of future problems and/or complication resulting from the procedure

Any lameness or faulty conformation or other abnormal condition? Yes No

Describe: _____

History of colic or any other intestinal disorder? Yes No Describe including

frequency of occurrence: _____

Describe any objectionable vices or habits the horse may have: None: _____

Is the horse exposed to any contagious or infectious diseases? Yes No

Is stabling adequate? Yes No

Describe: _____

In your opinion, in your knowledge, are there any other medical facts that should be brought to the attention of the company? _____

Except as noted above, I hereby certify that to the best of my knowledge and belief the horse is in sound and insurable condition

Date of examination: _____

By: _____

Time of examination: _____

Address: _____

City, State, Zip Code

West Nile Virus Vaccination Date: _____

Phone: _____

EEE Vaccination Date: _____