

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY COVERAGE

Foals Under 30 days – (Not to be completed prior to 24 hours of age.)

Exclusively Underwritten By: AMERICAN EQUINE INSURANCE GROUP

Applicant: _____ Producer: _____ Date: _____
Foal's Name: _____ Date of Birth: _____ Hour of Birth: _____ Sex: _____
Breed: _____ Dam: _____ Sire: _____
Intended Use: _____ Color: _____ Markings: _____

For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry HYPP, please indicate the horse's HYPP status. (Circle one.)
N/N N/H H/H N/A
If results for the foal are not available, please indicate:
Dam's HYPP status: N/N N/H H/H N/A
Sire's HYPP status: N/N N/H H/H N/A

For Arabian Horses, is there a history of Combined Immunodeficiency (CID) in either the Sire or Dam? Yes No
Has a blood count been performed? Yes No
If yes, please provide the results: _____

Was parturition complicated in any way? Yes No
Did the mare drip or stream milk prior to parturition? Yes No
Does the mare have a history of producing jaundiced foals? Yes No
How many foals has the mare produced previously? _____
How many of the mare's foals have survived weaning? _____
If the mare lost any foals, please provide details (year, cause of loss) separately.
How long was the gestation period? _____
How long before foal stood unassisted? _____
How long before foal nursed unassisted? _____
Was foal given supplemental colostrum? Yes No
Was (Is) the foal given supplemental milk? Yes No
Is milk regurgitated from the nose following nursing? Yes No
Is the foal an orphan or twin? Yes No
Is umbilical or scrotal hernia present? Yes No
Subject to or any previous history of colic? Yes No
Have any medications been administered? Yes No
Any evidence of infection or disease? Yes No
Contagious diseases on premises or locally? Yes No
If the horse is a colt, are both testicles evident? Yes No
Any evidence of lameness? Yes No
If any of the above questions are yes, please explain on a separate page.
Type and schedule of worming program: _____

IgG results (required if under 30 days old): _____
Approximate weight of the foal at time of examination: _____
Does the mare allow the foal to nurse freely? Yes No
Has all the meconium been passed? Yes No
What is the consistency of the stool? _____
Has the foal urinated normally? Yes No
Pulse and Respiration normal? Yes No
Heart auscultation normal? Yes No
Respiration auscultation normal? Yes No
Temperature normal? Yes No
Eyes clinically normal? Yes No
Are the limbs straight? Yes No
Are joints normal? _____
(Note any distention, congenital deformity, swelling, heat, stiffness and/or pain.)
Back Yes No
Stifles Yes No
Knees Yes No
Hocks Yes No
Fetlocks Yes No
Tendons and Ligaments Yes No
Is the stabling and turn out safe and adequate? Yes No
Are you the usual veterinarian for the applicant? Yes No
If any of the above questions are no, please explain on a separate page.

Are there any pre-existing conditions, history of lameness, or additional medical facts that should be brought to the attention of the Insurance Company?
Has the foal been attended by you or any other veterinarian for any ailment, injury or medical problem since its foaling? If yes, explain.
Has an X-ray or ultrasound examination been performed on the foal since its foaling? If so, why, and what were the results?
Has foal ever undergone surgery? If so, describe type of surgery, date and recovery.
Are you aware of any condition past or present that could require surgical or medical attention in the next 12 months?

Give your general evaluation for the above named foal.

I (print name) _____, do certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____, and that I have on this day examined the above named foal.
Veterinarian's signature: _____ Phone: _____ Date and Time of Exam: _____

I (print name) _____, as the Owner or representative for the owner as the primary trainer and/or caretaker, have provided to the best of my ability accurate and complete information on the above named foal.
Owner, trainer, or primary caretaker's signature: _____ Date: _____