

# Agri-Risk Services

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## VETERINARY CERTIFICATE OF EXAMINATION

It is imperative that the animal(s) examined are completely identified and their intended use understood. Horses examined should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. The immature animal, which is not in training, must be given extended paddock exercise in order to completely evaluate musculo-skeletal and cardiopulmonary systems. Given complete details in regard to any of the questions involving a negative response concerning the health capacity of the animal.

I, \_\_\_\_\_, do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the State of \_\_\_\_\_, and that I have this day examined for: \_\_\_\_\_ located at: \_\_\_\_\_ (Owner)

	(IF A FOAL: SIRE X DAM, DATE OF BIRTH)	AGE	COLOR & MARKINGS OR TATTOO NUMBER	SEX	BREED
Horse: 1.	_____	_____	_____	_____	_____
Horse 2.	_____	_____	_____	_____	_____
Horse 3.	_____	_____	_____	_____	_____
	<b>YES</b> <b>NO</b>				<b>YES</b> <b>NO</b>

Pulse and respiration normal?..... _____ Temperature normal?..... _____ Eyes clinically normal?..... _____ Heart auscultated and found normal?..... _____ History or evidence of bleeder?..... _____ History or evidence or nerving?..... _____ Any evidence of laminitis or founder?..... _____ Has horse been castrated?..... _____ If male, are both testicles evident?..... _____ If female, is she reported in foal? Due date:..... _____ Any intestinal disorder past or present?..... _____ Any indication of infection or disease?..... _____ Any symptoms detrimental to satisfactory breeding?..... _____	Has any surgery been performed?..... _____ (If yes, explain below. Give date of surgery, prognosis and advise if fully recovered.) Subject to or previous history of colic?..... _____ Any indication of lameness?..... _____ Is the horse shod with corrective shoes / pads?..... _____ Has the horse been treated for navicular disease or arthritis? _____ Contagious disease on premises or in neighborhood?... _____ Date last wormed? _____ Date of last Tetanus? _____ <b>Additional for foals under 150 days of age: Foal must be examined <u>after</u> 24 hours.</b> Was birth normal with no complications?..... _____ Foal stand and nurse normally on natural mother?..... _____ Pulse strong and normal?..... _____ Respiration regular and completely clear?..... _____ Has foal received any transfusions?..... _____ Has foal received any medication?..... _____ IgG Test Method: _____ Results: _____
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In your opinion or to your knowledge are there any medical facts that should be brought to the attention of the Company? Explain abnormal findings.  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you the animal(s) usual attending veterinarian?  Yes  No If no, explain \_\_\_\_\_

I hereby certify that I have this day made, in accordance with customary standards, a clinical examination of the animal(s) described above. Remarks: \_\_\_\_\_  
 \_\_\_\_\_

Date of examination: \_\_\_\_\_ Signed: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_