Agri-Risk Services, Inc.

7540 West 160th Street, Suite 100 * Overland Park, KS 66085
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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. Give complete details in regard to any of the questions involving a negative response concerning the health capacity of the animal.

I		☐ DVM ☐ VMD	do certify that I am a graduate veterinarian holding a current license to practice in this state. Lic. #
in	(state)	and that I have this day examined for Applicant / Client:	
at	Location:		

	(IF A FOAL: SIRE X DAM, DATE OF BIRTH)	AGE	COLOR & MARKINGS OR TATTOO NUMBER	SEX	BREED
Horse: 1.					
Horse 2.					
Horse 3.					

	YES	NO
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 or history 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 or history of infection or disease?	☐	☐
Any conditions detrimental to successful breeding?	☐	☐
Prone to or previous history of colic?	☐	☐
Are you the animal(s) usual attending veterinarian?	☐	☐

	YES	NO
Has any surgery been performed? Explain below.	☐	☐
Give date of surgery, prognosis and advise if fully recovered.		
Any history or evidence of lameness?	☐	☐
Is the horse shod with corrective shoes / pads?	☐	☐
Was horse treated for navicular disease or arthritis?	☐	☐
Contagious disease on premises or in area?	☐	☐
Date last wormed? Date of last Tetanus?		
Foals under 150 days of age: Foal must be examined after 24 hours		
Has foal received any medication?	☐	☐
Was birth normal with no complications?	☐	☐
Foal stand and nurse normally on natural mother?	☐	☐
Pulse strong and normal?	☐	☐
Has foal received any transfusions?	☐	☐
IgG Test Method: Results:		

To your knowledge, have there ever been any medical problems or history of illness, colic, injury, lameness, ataxia or other abnormalities of the animal(s)? Please explain:

If you are not the usual veterinarian for this client or are unfamiliar with the animal, please explain:

On this day, I have examined the animal(s) described above in accordance with customary veterinary standards.

Date of examination	Signature:
Address:	Telephone:
Email:	Fax:

VETERINARIAN'S SIGNATURE MUST BE DATED WITHIN 15 DAYS OF RECEIPT BY COMPANY