

VETERINARIAN STATEMENT OF EXAMINATION FOR MORTALITY INSURANCE

Animals examined for insurance should be moved about outside the stall/pen and observed for any abnormalities in movement or conformation. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease.

I, _____, do hereby certify that I am a graduate Veterinarian, holding a current license to practice in the state(s) of _____ and that I have this day examined the following animal at rest and in motion:

Animal Name: _____ Registration: _____

Sire: _____ Dam: _____

DOB: _____ Color: _____ Sex: _____ Breed: _____ Tattoo/Markings: _____

Owned By: _____

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>	Do the feet/hoves appear normal?	<input type="checkbox"/>	<input type="checkbox"/>
Temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>	Does the hair coat appear healthy?	<input type="checkbox"/>	<input type="checkbox"/>
Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	Any report or evidence of surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Heart auscultated?	<input type="checkbox"/>	<input type="checkbox"/>	Is the animal wormed & vaccinated regularly?	<input type="checkbox"/>	<input type="checkbox"/>
Any history/evidence of lameness?	<input type="checkbox"/>	<input type="checkbox"/>	Indication of contagious disease in animal, premise or area?	<input type="checkbox"/>	<input type="checkbox"/>
If male, are both testicles evident?	<input type="checkbox"/>	<input type="checkbox"/>	If female, is she bred?	<input type="checkbox"/>	<input type="checkbox"/>
If male, has animal been castrated?	<input type="checkbox"/>	<input type="checkbox"/>	If bred, provide estimated due date: _____		
If male, are genitalia normal size and consistency for age?				<input type="checkbox"/>	<input type="checkbox"/>

Describe any abnormalities of the penis or scrotum: _____

If female, describe any history of gestation, lactation, or parturition problems: _____

If there is any history of surgery, please describe type of surgery and dates performed: _____

If surgery was performed, has the animal clinically recovered? _____

Is there any likelihood of further danger to life or limb of the animal as a result of the surgery? _____

Is there clinical evidence of lameness, faulty conformation, or other abnormal conditions? _____

In your opinion or to your knowledge are there any additional medical facts that should be brought to the attention of the company? Give details including dates: _____

If the animal receives any medication, please list: _____

How long have you been the veterinarian for this animal? _____

This certificate has been completed by the examining veterinarian to the best of their ability as a licensed veterinarian.

Veterinarian's Signature: _____ Date / Time of Examination: _____

Veterinarian's Address: _____

Veterinarian's Phone & Email: _____