Kay Cassell EQUINE INSURANCE

147 Wheelock Road, Jonesborough, TN 37659
Toll free (800) 230-8384 | Fax (423) 477-0178
cassellinsurance@yahoo.com | kaycassell.com

Veterinary Certificate of Examination

For mortality insurance (not required for specified perils coverage). To be completed by a licensed veterinarian.

Horses being insured should be moved outside the stall to show sound limbs and free movement. The veterinarian must assess housing conditions and check for contagious disease. Please complete this certificate accurately and send it promptly to Kay Cassell Equine Insurance.

Veterinarian name _____ State licensed in _____

I certify that I am a licensed veterinarian in the state above and have examined the horse(s) below.

Item #	Name	Age	Color	Sex	Breed
1					
2					

Owned by (name) _____ Address _____ Zip _____

HEALTH OF ANIMAL

	Horse 1 Yes	Horse 1 No	Horse 2 Yes	Horse 2 No
1. Pulse and respiration normal?	☐	☐	☐	☐
2. Temperature normal?	☐	☐	☐	☐
3. Eyes clinically normal?	☐	☐	☐	☐
4. Heart auscultated?	☐	☐	☐	☐
5. History or evidence of bleeder?	☐	☐	☐	☐
6. History of laminitis/founder?	☐	☐	☐	☐
7. History of colic?	☐	☐	☐	☐
8. History or evidence of nerving?	☐	☐	☐	☐
9. Has horse been castrated?	☐	☐	☐	☐
10. Any surgery performed on the horse?	☐	☐	☐	☐
11. If mare, is she reported in foal?	☐	☐	☐	☐
Expected foaling date				
12. If male, are both testicles evident?	☐	☐	☐	☐
13. Surgical scars?	☐	☐	☐	☐
14. Arthritis history?	☐	☐	☐	☐
15. Vet treatment in last 12 months?	☐	☐	☐	☐

Date last dewormed _____ How often dewormed? _____

If any surgery has been performed, describe type of surgery and date _____

	Yes	No
If any surgery has been performed, has the horse fully recovered?	☐	☐
Is there any likelihood of future danger to life or limb as a result of any surgery?	☐	☐
Have any radiographs been performed on the neck or spine?	☐	☐
Any lameness or faulty conformation or other abnormal conditions?	☐	☐
Is the stabling adequate?	☐	☐
Is there evidence of vices or objectionable habits?	☐	☐
Are you the regular veterinarian for this horse or client?	☐	☐
In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the insurance company?	☐	☐

If yes, please explain _____

FOR FOALS 24 HOURS TO 30 DAYS

	Yes	No		Yes	No
1. Was birth normal with no complications?	☐	☐	5. Is there evidence of a hernia (umbilical/inguinal)?	☐	☐
2. Was foal born premature/dysmature?	☐	☐	6. Any flexural deformities?	☐	☐
3. Did foal stand and nurse normally?	☐	☐	7. Does foal have patent urachus?	☐	☐
4. Is the umbilicus dry and normal?	☐	☐	8. Is there evidence of rib fractures?	☐	☐
			If so, how many?		

IgG reading(s) _____ White blood count _____ Date taken _____

Has foal received any medication, plasma or colostrum? ☐ ☐ If yes, date(s) _____

Is foal presently on any medications, incl. antibiotics? ☐ ☐ Prophylactic or therapeutic? _____

What antibiotics are being administered, and for how long? _____

VETERINARIAN CERTIFICATION

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

Signature of veterinarian _____ Date of exam _____

Address _____ Phone number _____