

Veterinary Certificate For Horses



400 Rosedale Court
Warrenton, VA 20186
800-347-3552
Fax: 540-347-5906

INSTRUCTIONS TO VETERINARIAN: It is required in every case that each horse shall be examined outside the stall and that it should be made to move about to demonstrate soundness of limbs and freedom of action. Horses having vicious habits, that have suffered recurrent attacks of colic or bleeding, that have had tuberculosis or that have been previously nerved, are not insurable. Careful observation and enquiry should be made as to housing conditions and the presence of contagious or infectious disease.

I _____ do hereby certify that I am a graduate Veterinarian holding a current license to practice by the State of _____ and that I have this day examined the _____ Horse(s)
Owned by _____ Address _____

| Name of Horse & Breed | Marking, Tattoo, Registration | Age | Color | Sex | Sire | Dam |
|-----------------------|-------------------------------|-----|-------|-----|------|-----|
|-----------------------|-------------------------------|-----|-------|-----|------|-----|

Explain answers in this column

| | |
|--|--|
| 1. (a) Does horse show evidence of contagious or infectious disease? (b) Any contagious or infectious disease at farm? (c) Has horse been ill during previous year? (d) Does horse show evidence of vices or objectionable habits? (e) Condition of housing? | (a) No Yes (b) No Yes (c) Not to Knowledge Yes (d) No Yes (e) Good Other |
| 2. Has any operation been performed on horse? If so give details, date and whether fully recovered. | Not to Knowledge Yes |
| 3. Is horse subject to attacks of colic or bleeding? Describe. | Not to Knowledge Yes |
| 4. Are both eyes of horse clinically normal? | Yes No |
| 5. Are pulse, respiration and temperature normal? | Yes No |
| 6. Has heart been auscultated, before and after exercise, and found normal with no evidence of murmurs? | Yes No |
| 7. (a) Does horse indicate any lameness or faulty conformation? (b) Has horse been fired or blistered? (c) Any indication of neurectomy performed? (d) Any indication of Laminitis/Founder? | (a) No Yes (b) No Yes (c) No Yes (d) No Yes |
| 8. FOALS UNDER 150 DAYS (a) Was birth normal, no complications? (b) Is foal an orphan or a twin? (c) Has foal received any medication? Describe. (d) IGG Level | (a) Yes No (b) No Yes (c) No Yes |
| 9. (a) Is female horse pregnant? Include expectant date. (b) Any history of abortion or foaling problems? (c) Any symptoms detrimental to satisfactory breeding? | (a) No Yes (b) No Yes (c) No Yes |
| 10. If male, are both testicles evident? | Gelding Yes |
| 11. Date of last worming by veterinarian. Frequency. | |
| 12. In your opinion, how will any condition noticed affect the life or usefulness of the horse. | |

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

Date of Exam: _____ Signature: _____

| |
|---|
| <p>Regular Patient New Patient Pre-Purchase</p> <p><i>Certificate Valid for 30 Days.</i></p> |
|---|

Name of Veterinarian:

Address:

Phone: