



Insurance Marketplace, Inc.  
Markel Agent #64193

### Veterinary Certificate of Examination

Named Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

The horse being examined should be moved about outside of the stall to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and other issues relevant to the health/wellbeing of the horse.

Veterinarian's Name & Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I do certify that I am a graduate Veterinarian holding a current license to practice in \_\_\_\_\_ (state) and that I have this date and time examined:

| Name of Horse (or sire/dam name) | Age | Breed | Sex | Use |
|----------------------------------|-----|-------|-----|-----|
|----------------------------------|-----|-------|-----|-----|

Owner: \_\_\_\_\_ Location: \_\_\_\_\_

- |  |  |
|--|--|
| 1. Pulse & respiration normal? <input type="checkbox"/> Yes <input type="checkbox"/> No                  | 8. Any indication of infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| 2. Eyes clinically normal? <input type="checkbox"/> Yes <input type="checkbox"/> No                      | 9. Is the stabling and/or fencing adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 3. Temperature normal? <input type="checkbox"/> Yes <input type="checkbox"/> No                          | 10. EIA Negative? <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| 4. Heart auscultated & found normal? <input type="checkbox"/> Yes <input type="checkbox"/> No            | Date of Test: _____  |
| 5. History or evidence of bleeder? <input type="checkbox"/> Yes <input type="checkbox"/> No              | 11. Ever been tested/treated for EPM? <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| 6. History or evidence of nerving? <input type="checkbox"/> Yes <input type="checkbox"/> No              | Date: _____ Results: _____   |
| 7. History or evidence of firing or blistering? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Any early signs or indications of ataxia? <input type="checkbox"/> Yes <input type="checkbox"/> No |

**For each of the following questions, please provide details as requested below.**

13. If broodmare, is she reported in foal?  Yes  No Last Breeding Date: \_\_\_\_\_ Covering Sire: \_\_\_\_\_  
 If no, is broodmare of normal breeding soundness?  Yes  No
14. If male, are both testicles evident, palpable, and normal in size and consistency?  Yes  No
15. Is there any indication or history of lameness and/or conformational abnormalities that would interfere with the horse's intended use or could lead to life threatening problems?  Yes  No  
 If yes, details: \_\_\_\_\_
16. Is there any indication or history of gastro intestinal/digestive disorders?  Yes  No  
 If yes, details: \_\_\_\_\_
17. a). Has any surgery been performed?  Yes  No b). If yes, has horse fully recovered?  Yes  No  
 If yes, details: \_\_\_\_\_
- c). Is there likelihood of future danger to life or limb as a result of such surgery?  Yes  No  
 If yes, details: \_\_\_\_\_
18. Have any advanced diagnostic procedures been performed, including ultrasounds, bone scans, or MRI?  Yes  No  
 If yes, details: \_\_\_\_\_
19. Is there evidence of any contagious or infectious disease on premises or in neighborhood?  Yes  No  
 If yes, details: \_\_\_\_\_
20. Are you the normal attending Veterinarian?  Yes  No
21. Have you discussed the horse's health history with the owner or caretaker?  Yes  No
22. To your knowledge, has the horse suffered an accident, sickness or disease, had any veterinary treatment (apart from preventive inoculations) or been unsound in any way?  Yes  No  
 If yes, details: \_\_\_\_\_

**For foals 24 hours to 30 days of age, please also complete the following questions:**

23. Was birth normal with no complications?  Yes  No  
 If no, details: \_\_\_\_\_  
 Date & Time of Birth: \_\_\_\_\_
24. Is foal on a nurse mare?  Yes  No
25. Is umbilicus dry and normal?  Yes  No
26. Does foal have patent urachus?  Yes  No
27. Normal urination & bowel movement?  Yes  No
28. Has foal received plasma or colostrum supplement?  Yes  No  
 Is this standard practice for boarding facility?  Yes  No
29. Has foal received any medication?  Yes  No
30. Any conformational deformities?  Yes  No
31. Any indication of heart murmur?  Yes  No
32. Is CBC normal on this date?  Yes  No
33. Please provide results of IgG: \_\_\_\_\_ WBC: \_\_\_\_\_
34. Has the horse received any medication in the past year other than routine?  Yes  No If yes, details: \_\_\_\_\_
35. In addition, are there any other medical facts that you feel should be brought to the attention of the Company?  Yes  No  
 If yes, details: \_\_\_\_\_

**I declare that to the best of my professional knowledge that the statements listed above are correct in respect of the subject Horse. Except as noted, I certify that this horse is sound and in my opinion a suitable candidate for mortality insurance.**

Signature: \_\_\_\_\_ Date & Time of Exam: \_\_\_\_\_