

AMERICAN RELIABLE INSURANCE COMPANY VETERINARIAN CERTIFICATE OF EXAMINATION

Applicant Name _____

E-Mail Address _____

Mailing Address _____

Phone _____

City, State, Zip _____

Policy Number _____

I, (Print Name) _____ do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____ and that I have this day examined:

Horse Name/Tattoo/Reg #	Breed	Age	Color	Sex	Use
Owned by (Name / Address):					

1	Pulse and Respiration normal?	Yes No	14	Has Horse been castrated?	Yes No
2	Heart auscultation normal	Yes No	15	If male, are both testicles evident?	Yes No
3	Temperature normal?	Yes No	16	Any evidence of bone or joint disease?	Yes No
4	Eyes clinically normal?	Yes No	17	Hoof tester results negative?	Yes No
5	Any previous history of colic?	Yes No	18	Is horse properly shod?	Yes No
6	Any previous history or evidence of a bleeder?	Yes No	19	Gestation, lactation or parturition history?	Yes No
7	Any previous history or evidence of nerving?	Yes No	20	Any evidence of infection or disease?	Yes No
8	Any previous history of laminitis, founder, club foot?	Yes No	21	Is stabling adequate?	Yes No
9	Any evidence of lameness, faulty conformation other abnormalities?	Yes No	22	Is Horse pregnant? If yes, Expected birth date:	Yes No
10	Any HYPP signs or symptoms?	Yes No	23	HYPP Tested? : N/N N/H H/H	Yes No
11	Any degenerative changes, bone spurs, chips or osteochondrosis on any X-rays taken?	Yes No	24	Aware of any condition, past or present that could require surgical or medical attention in the next 12 months?	Yes No
12	Uncharacteristic behavior last 24 months?	Yes No	25	Any history of unsoundness, injury or disease?	Yes No
13	Has horse ever had surgery?	Yes No	26	How often wormed? _____ Date Last worming? _____	
27	Aware if horse received any performance enhancing procedures, intramuscular and /or joint injections, any medications, or any preventive treatments in the last 12 months?				Yes No
28	Palpations normal? Back, Stifles, Knees, Hocks, Fetlocks, Tendons / Ligaments				Yes No
29	Have you or any other licensed equine veterinarian attended horse for any ailment, injury, lameness, or medical problem in the last 12 months?				Yes No
31	Does the horse appear relaxed or free of pain in all gaits / movements observed?				Yes No
32	Have you observed the horse in gaits / movements for its breed and use?				Yes No
33	Are you the regular veterinarian for this horse or applicant? If so, for how long? _____				Yes No

Comments to questions requiring further detail: (Include General evaluation for named horse, professional opinion on soundness)

EXCEPT AS NOTED ABOVE, I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE HORSE IS, EXCEPT AS NOTED, SOUND.

Veterinarian's Signature

Address:

Date:

Phone#

LOSS OF USE EVALUATION

If Loss of Use Coverage is being requested, please complete the following:

- X-rays: Current within 30 days
 - Front Feet – Lateromedial, dorsal ventral, navicular skyline
 - Front Fetlocks – A/P Views
 - Hind Fetlocks – A/P views
 - Hocks – Lateral projection, craniocaudal projection, both oblique
 - Stifles – Lateromedial views

Please list radiographic findings, especially which may affect horse's long and short term intended use.