

CANADIAN LIVESTOCK INSURANCE

VETERINARY CERTIFICATE OF HEALTH

The horse being examined should be moved outside of the stall to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and the presence of contagious disease.

I, _____ do certify that I am a graduate Veterinarian holding a current license to
(please print)
practice in _____ and that I have on this date and time examined:

(1) NAME OF HORSE _____

Sire	Dam	Sex	Breed	Year of Birth (date for foals)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(2) Owned by: _____

- (3) Pulse and respiration normal?.....__YES__NO
 - (4) Temperature normal?.....__YES__NO
 - (5) Eyes clinically normal?.....__YES__NO
 - (6) Heart auscultated and found normal?.....__YES__NO
 - (7) History or evidence of bleeder?.....__YES__NO
 - (8) History or evidence of nerving?.....__YES__NO
 - (9) Any evidence of laminitis?.....__YES__NO
 - (10) Has any surgery ever been performed?..__YES__NO
 - (11) Any digestive disorder past or present?..__YES__NO
 - (12) Any indication of infection or disease? .__YES__NO
 - (13) Subject to or previous history of colic?....__YES__NO
 - (14) If male, has horse been castrated?.....__YES__NO
 - (15) If male, are both testicles evident?.....__YES__NO
 - (16) If female, is she reported in foal?.....__YES__NO
 - (17) If female, any symptoms detrimental to satisfactory breeding?.....__YES__NO
 - (18) Any indication of lameness?.....__YES__NO
 - (19) Is the stabling adequate?.....__YES__NO
 - (20) Is there Contagious diseases on premises or neighborhood?.....__YES__NO
 - (21) Date last wormed?.....
 - (22) Are you the usual veterinary for the applicant.....__YES__NO
 - (23) Date of vaccination for West Nile Virus:.....
- Additional for foals under 90 days of age:**
- (24) Due date of foal:.....
 - (25) Does mare have adequate milk and is foal able stand and nurse on its own?.....__YES__NO
 - (26) Meconium passed and no signs of colic?..__YES__NO
 - (27) List congenital abnormalities:.....
 - (28) Umbilicus normal with no hernia?.....__YES__NO
 - (29) Provide IgG levels.....At what age.....
 - (30) Has any colostrum/plasma supplement been given? Volume:.....__YES__NO
 - (31) CBC done?.....__YES__NO
 - (32) Has foal received any medication?.....__YES__NO

(33) Give complete details in regard to any of the above questions that might have a bearing on the health or soundness of this horse and in addition are there any other medical facts that you feel should be brought to the attention of **CANADIAN LIVESTOCK INSURANCE LIMITED:** _____

(34) Except as noted above, I certify that to the best of my knowledge and belief this horse is healthy and sound and thereby insurable

(35) Date and time: _____

(36) Telephone No: _____

(37) Address: _____

(38) Signature: _____