

**Insurance Carrier: StarNet Insurance Company**

3655 North Point Parkway, Suite 625, Alpharetta, GA 30005 • (866) 298-5525

**VETERINARIAN EXAMINATION FOR MORTALITY INSURANCE**

The purpose of this examination is to identify and examine the involved animal in accordance with this Certificate, and to report to the company any medical facts known to you or obtained by your examination. **HORSES SHOULD BE EXAMINED IN MOTION.**

I, \_\_\_\_\_ do hereby certify that I am a veterinarian specializing in Equine Practice, holding a current license to practice medicine in the state of \_\_\_\_\_ and have this day examined:

NAME	AGE	SEX	BREED
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OWNED BY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Pulse & respiration normal?	Yes	No	History or evidence of nerving?	Yes	No
Temperature normal?	Yes	No	Has horse been castrated?	Yes	No
Eyes clinically normal?	Yes	No	Any evidence of other surgery?	Yes	No
Heart auscultated?	Yes	No	If mare, is she reported in foal?	Yes	No
History or evidence of bleeder?	Yes	No	If male, are both testicles evident?	Yes	No
Vaccinated against West Nile Virus?	Yes	No	If male, are genitalia of normal size and consistency?	Yes	No
Has horse ever had colic surgery?	Yes	No			
Any history or evidence of laminitis?	Yes	No			

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

If surgery has been performed has horse clinically recovered: \_\_\_\_\_

Any clinical evidence of lameness, faulty conformation (angular, flexural, laxity), joint swelling or localized limb edema, or other abnormal conditions? \_\_\_\_\_

Is stabling adequate? \_\_\_\_\_

To your knowledge are there any additional medical facts that should be brought to the attention of the company? \_\_\_\_\_

If yes, give details, including date(s) \_\_\_\_\_

Is there evidence of vices or objectionable habits? \_\_\_\_\_

Are there currently any contagious diseases on the property? Give details: \_\_\_\_\_

Has official E.I.A. test been run: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_

**COMPLETE THIS SECTION FOR FOALS 24 HOURS TO 30 DAYS OF AGE**

Was birth normal with no complications?	Yes	No	Date & Time of Birth	
Was foal born premature?	Yes	No	Any flexural deformities?	Yes No
Did foal stand & nurse normally?	Yes	No	Does foal have patent urachus?	Yes No
Is there evidence of hernia?	Yes	No	Is umbilicus dry & normal?	Yes No
IgG reading & Date taken			White blood count & date taken	
Has foal received any medication, plasma or colostrum?			If yes, give date(s)	
Is foal currently on any medications, including antibiotics?			Are they prophylactic or therapeutic treatment?	
What antibiotic is being administered and how long will it be administered?				
Is there any history or evidence of rib fracture(s)			If yes, how many ribs are fractured?	

This certificate has been completed by examining veterinarian to the best of his or her ability as a licensed veterinarian.

 \_\_\_\_\_  
 DATE & TIME OF EXAM

 \_\_\_\_\_  
 VETERINARIANS SIGNATURE

 \_\_\_\_\_  
 TELEPHONE #

 \_\_\_\_\_  
 PRINT NAME

 \_\_\_\_\_  
 VETERINARIANS ADDRESS