

# 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.