



JUSTIN INSURANCE

EQUINE AND RANCH SPECIALISTS

(800) 972-0272 * Fax (817) 579-9367

5305 TEMPLE HALL HWY, GRANBURY, TX 76049

www.justininsurance.com

COW/HEIFER VETERINARY LIVESTOCK EXAM

Cattle being examined for insurance should be unloaded from the trailer and moved about in a large enough area to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to exposure to contagious disease. This certificate should be completed by the examining Veterinarian to the best of his ability as a licensed Veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

I, _____, do hereby certify that I am a graduate veterinarian holding current license as such to practice in the State of _____ State Lic. # _____ and that I have examined the following animal.

Owner's Name: _____ Animal's Name/ID: _____

Location of Exam: _____

Color: _____ Brand: _____ Sex: _____ Age: _____

Person who has care, custody, and control: _____

GENERAL EXAM

- | | | |
|---|---------|--------|
| 1. Is the herd free of Brucellosis? | Yes () | No () |
| 2. Animal appears in good condition? | Yes () | No () |
| 3. Respiration normal? | Yes () | No () |
| 4. Signs of lameness or incoordination? | Yes () | No () |
| 5. Exposed to any infectious disease? | Yes () | No () |
| 6. Signs of fever or illness? | Yes () | No () |

COMPLETE FOR COW

- | | | |
|---|---------|--------|
| 1. Is herd free of mastitis? | Yes () | No () |
| 2. Did the cow have a calf last year? | Yes () | No () |
| 3. Are there any previous calving problems? | Yes () | No () |
| 4. Has the cow previously had milk fever? | Yes () | No () |
| 5. Has the cow been used for embryo transfer? | Yes () | No () |

If yes, provide the number of successful embryos transferred last year? _____

- | | | | |
|-------------------------------|---------|--------|-----------------------------|
| 6. Is the cow currently bred? | Yes () | No () | If yes, to what bull: _____ |
|-------------------------------|---------|--------|-----------------------------|

I certify I have, this day, examined and checked the description of the animal described and found it to be sound and in good health. To the best of my knowledge the animal is kept in good conditions, free of infectious disease and there are no signs of any conditions that would prevent this animal from being insured. There is no evidence of previous injury, lameness or prior surgery and I have ascertained that the animal has not been ill or injured during the past twelve months. Please note any exceptions: _____

Examination Date & Time	Signature of Veterinarian	D.V.M.
Address	City	State
Office Phone Number	State License Number	Zip

Veterinary Certificates are not acceptable unless completed within 10 days prior to being received in our office.