



**IGG LEVELS  
REQUIRED ON FOALS  
RESULTS: \_\_\_\_\_**

**JUSTIN INSURANCE**  
**EQUINE AND RANCH SPECIALISTS**  
 (800) 972-0272 \* Fax (817) 579-9367  
 5305 TEMPLE HALL HWY, GRANBURY, TX 76049  
 www.justininsurance.com

**VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE**

Horses being examined for insurance should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and presence of contagious diseases. This certificate should be completed by the examining Veterinarian to the best of his ability as a licensed Veterinarian.

I, \_\_\_\_\_, do certify that I am a graduate veterinarian holding a current license as such to practice in the State of \_\_\_\_\_ State Lic. # \_\_\_\_\_ and that I have this day examined the following horse:

Name \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

Owned by \_\_\_\_\_ Address \_\_\_\_\_

Trained by \_\_\_\_\_ Location of horse \_\_\_\_\_

	YES	NO
Pulse and respiration normal?		
Temperature normal?		
Eyes clinically normal?		
Heart auscultated and found normal?		
History or evidence of bleeder?		
History or evidence of nerving?		
Any evidence of laminitis/founder?		
Any signs of neurological disorder?		
Has any surgery ever been performed?		
Has horse been castrated?		
If male, are both testicles evident?		
If female, is she reported in foal?		
If broodmare, is there history of foaling complications?		
Subject to or previous history of colic?		
Any digestive disorder past or present?		

	YES	NO
Any indication of infection or disease?		
Any symptoms detrimental to satisfactory breeding?		
Any evidence of lameness?		
Evidence of bone or joint disease?		
Is the stabling adequate?		
Contagious diseases on premises or in the neighborhood?		
Are you the usual veterinarian for applicant?		
Evidence of vices or objectionable habits?		
Date last wormed _____		
Current Coggins? Date _____ Result _____		
If broodmare is open, when was last foal born? _____		

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

\_\_\_\_\_  
 \_\_\_\_\_

In your opinion or to your knowledge, are there any medical facts, pre-existing conditions, or conformation problems that should be brought to the attention of the Company or any reason why the horse should not be insured? \_\_\_\_\_

Has horse been attended by you or any veterinarian for any ailment, injury or medical problem in the last 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

**PROOF OF CURRENT WEST NILE, VEWT & FLU/RHINO VACCINE MAY BE REQUIRED SHOULD THERE BE A CLAIM.**

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

**VETERINARY CERTIFICATES ARE NOT ACCEPTABLE UNLESS COMPLETED WITHIN 10 DAYS PRIOR TO BEING RECEIVED IN OUR OFFICE!**