



LAUREL FOWLER
INSURANCE BROKER INC.

YOUR MANE INSURANCE SOURCE

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Lic #: 0B57610

VETERINARIAN CERTIFICATE OF EXAM - HORSES

NAME OF INSURED	POLICY NUMBER
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NAME OF HORSE	BREED	AGE	SEX
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The following questions must be answered by a licensed Veterinarian:
Name of licensed Veterinarian completing this form:

Pulse and respiration normal? Yes No Heart auscultated and found normal? Yes No
 Temperature normal? Yes No Is the stabling adequate? Yes No
 Eyes clinically normal? Yes No

If "no" was answered to any of the above questions, please provide details:

History or evidence of a bleeder? Yes No History or evidence of nerving? Yes No
 Any evidence of laminitis? Yes No Any signs of founder? Yes No
 Any indication of infection or disease? Yes No Any symptoms detrimental to
 Any indication of lameness? Yes No satisfactory breeding? Yes No
 Evidence of firing or blistering? Yes No Contagious disease on premises or
 Any digestive disorder past or present? Yes No in neighborhood? Yes No
 Subject to or previous colic history? Yes No
 Is there evidence of vices or Objectionable habits? Yes No

If "yes" was answered to any of the above questions, please provide details:

Has horse ever had surgery? Yes No
 If yes, please provide type of surgery, date, and whether or not horse has fully recovered:

Is there any likelihood of future danger to life or limb as a result of this surgery? Yes No
 If yes, please explain:

Male horses: Are both testicles evident? Yes No Castrated? Yes No
Female horses: Is the mare in foal? Yes No If yes, what is approximate due date?

Foals less than 31 days old: IGG level:
 If a fecal exam was performed in the last 30 days, please provide results:
 Date horse was last wormed and method used:
 Any faulty conformation or other abnormal conditions? Yes No
 If yes, please explain:

In your opinion, or to your knowledge, are there any medical facts that should be brought to the attention of the insurance company?

Remarks:

Except as noted above, I hereby certify that to the best of my knowledge and belief that this horse is in normal, healthy, sound and therefore insurable condition.

Signature of Veterinarian: _____ **Date:** _____
 Telephone number to contact you with any questions: _____