



THE EMO AGENCY, INC.
 400 Rosedale Court
 Warrenton, Virginia 20186
 (540) 347-3552 (800) 347-3552 FAX (540) 347-5906



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 the presence of 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 a current license as such to practice in the State of _____, and that I have this date examined:

Name: _____ Year of Birth Sex Breed

Sire _____ Dam _____

Markings or Tattoo # _____

Owned by _____ Name Address

	YES	NO		YES	NO
Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>	History or evidence of nerving?	<input type="checkbox"/>	<input type="checkbox"/>
Temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>	Has horse been castrated?	<input type="checkbox"/>	<input type="checkbox"/>
Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	Has any surgery been performed?	<input type="checkbox"/>	<input type="checkbox"/>
Heart auscultated?	<input type="checkbox"/>	<input type="checkbox"/>	If mare, is she reported in foal?	<input type="checkbox"/>	<input type="checkbox"/>
History or evidence of bleeder?	<input type="checkbox"/>	<input type="checkbox"/>	If male are both testicles evident?	<input type="checkbox"/>	<input type="checkbox"/>

If any surgery has been performed, describe type _____

If surgery has been performed, has horse fully recovered? _____

Is there any likelihood of future danger to life or limb as a result of such surgery? _____

Any lameness of faulty conformation or other abnormal conditions? _____

Is the stabling adequate? _____

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

Is there evidence of vices or objectionable habits? _____

REMARKS _____

<p>FOR FOALS 24 HOURS TO 30 DAYS OLD (Newborn foals must be examined after 24 hours, not before)</p> <p>Was birth normal, no complications? _____ Is foal an orphan? _____ Has foal received any medication? _____</p> <p>CBC normal on this date _____ IgG test results (must be 800 or greater) _____</p> <p>Date of Birth of Foal _____</p>
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Except as noted above, I hereby certify that to the best of my knowledge and belief the horse is, except as noted, in an insurable condition.

Signed _____ Date of exam _____

Phone Number _____

Ref: _____