

**Equine Insurance Underwriters Ltd.**  
 #106 – 3701 East Hastings Street  
 Burnaby, B.C., Canada V5C 2H6  
 Phone (604) 293-1531  
 Fax (604) 293-1248

**Veterinarian Certificate**

Animal 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/her ability as a licensed Veterinarian. The completed certificate should be forwarded to the Insurance Broker without delay. Please give a full description of animal if registration or tattoo not available.

I, \_\_\_\_\_ do hereby certify that I am a graduate Veterinarian holding a current license as such to practice in the State/Province of \_\_\_\_\_ and that I have this day examined:

**Animal Description**  
 (Please complete in full)

Sex	Age	Name	Breed	Use/Function	*Tattoo/Registration No.

\* Description (Colour, Markings, Etc.) Required if Tattoo or Registration # not available

Owned by: \_\_\_\_\_

Name	YES	NO	Address	YES	NO
Pulse and respiration normal?	_____	_____	Has male been castrated?	_____	_____
Temperature normal?	_____	_____	If mare, is she reported in foal?	_____	_____
Eyes clinically normal?	_____	_____	Any lameness or faulty conformation?	_____	_____
Heart auscultated?	_____	_____	History or evidence of colic?	_____	_____
History or evidence of bleeder?	_____	_____	Evidence of Laminitis or Founder?	_____	_____
History or evidence of nerving?	_____	_____	Is stabling adequate?	_____	_____

Has any surgery been performed \_\_\_\_\_ describe type of surgery and date \_\_\_\_\_

Is there any likelihood of further complications or any need for follow-up surgical procedures? \_\_\_\_\_

Is any type of surgery being contemplated or is there any deformity or abnormality which could predispose the animal towards the need for any surgical repair or correction? \_\_\_\_\_

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

Mares Only: Has any mare suffered any breeding or foaling complications in the past? \_\_\_\_\_

Except as noted above, I hereby certify that to the best of my knowledge and belief the animal is healthy and in sound condition.

Remarks: \_\_\_\_\_

Date of examination \_\_\_\_\_ Address \_\_\_\_\_

X \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**Veterinarian's Signature**