

ERLAND INSURANCE AGENCY

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VETERINARY CERTIFICATE FOR HORSES

INSTRUCTIONS TO VETERINARY SURGEON

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 their 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 Veterinary Surgeon holding a current license to practice

by the State of _____ and that I have this day examined the Horse: _____

(USE)

Owned by: _____ Address: _____

Name _____ Age _____ Color _____ Sex: _____ Breed _____

Markings or Tattoo _____

Location of Horse & Trainer _____

	Yes	No		Yes	No
Pulse & Respiration Normal?	_____	_____	Any Digestive disorder past or present?	_____	_____
Temperature normal?	_____	_____	Any indication of infection or disease?	_____	_____
Eyes clinically normal?	_____	_____	Any indication of lameness?	_____	_____
Heart auscultated and found normal?	_____	_____	Evidence of firing or blistering?	_____	_____
History or evidence of bleeder?	_____	_____	Is stabling adequate?	_____	_____
History or evidence of nerving?	_____	_____	Contagious disease on premises or in neighborhood?	_____	_____
Any evidence of laminitis?	_____	_____	Results of fecal exam normal?	_____	_____
Any signs of founder?	_____	_____	Date last wormed?	_____	_____
Any surgery been performed?	_____	_____	Are you the regular veterinarian for applicant?	_____	_____
Has horse been castrated?	_____	_____	Any evidence of vices or objectionable habits?	_____	_____
If male, are both testicles evident?	_____	_____	Subject to previous history of colic?	_____	_____
If female, is she reported in foal?	_____	_____	Any scars or marks that indicate prior surgery?	_____	_____
Any breeding or foaling problems?	_____	_____	If surgery has been performed, has horse fully recovered?	_____	_____
Any symptoms detrimental to satisfactory breeding?	_____	_____			

Describe type and date of any prior surgery. _____

Is there any likelihood of future danger to life and limb as a result of such surgery? Yes _____ No _____

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company? Yes _____ No _____

Remarks _____

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

Have you seen this animal previously? _____

Signed _____

Certificate valid for 15 days _____

Date of Examination

Address and Phone