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**VETERINARY CERTIFICATE FOR EQUINE MORTALITY INSURANCE**

The horse being examined should be moved about outside of the stall to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and other issues relevant to the health/wellbeing of the horse.

**Veterinarian's Name & Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
 I do certify that I am a graduate Veterinarian holding a current license to practice in \_\_\_\_\_ (state) and that I have this date and time examined:

| Name of horse (or Sire/Dam)   | Age/Foaling date              | Color   | Sex | Breed          | Use |
|---|-------------------------------|---|-----|----------------|-----|
| <b>Location of horse</b>  |                               | <b>Owner Name</b>   |     | <b>Policy#</b> |     |
| Pulse & respiration normal?   | Yes ( ) No ( )                | Any indication of infectious disease?                               |     | Yes ( ) No ( ) |     |
| Eyes clinically normal?   | Yes ( ) No ( )                | Is the stabling and/or fencing adequate?                            |     | Yes ( ) No ( ) |     |
| Temperature normal?   | Yes ( ) No ( )                | EIA Negative? Date of test:   |     | Yes ( ) No ( ) |     |
| Heart auscultated & found normal?                                   | Yes ( ) No ( )                | Ever been tested/treated for EPM?                                   |     | Yes ( ) No ( ) |     |
| History of evidence of bleeder?                                     | Yes ( ) No ( )                | Any early signs or indications of ataxia?                           |     | Yes ( ) No ( ) |     |
| History or evidence of nerving?                                     | Yes ( ) No ( )                | Are you the normal attending Veterinarian?                          |     | Yes ( ) No ( ) |     |
| History or evidence of firing/blistering?                           | Yes ( ) No ( )                | Have you discussed the horse's health with owner or caretaker?      |     | Yes ( ) No ( ) |     |
| If Broodmare, is she reported in foal?<br>Last breeding date: _____ | Yes ( ) No ( )<br>Sire: _____ | If male, are both testicles evident and normal in size/consistency? |     | Yes ( ) No ( ) |     |

**For the following questions, please provide details below:**

|   |                |
|---|----------------|
| Indication/history of lameness and/or conformational abnormalities that would interfere with use? | Yes ( ) No ( ) |
| Any indication or history of gastro intestinal/digestive disorders?                               | Yes ( ) No ( ) |
| Has any surgery been performed? Yes ( ) No ( ) If yes, has the horse full recovered?              | Yes ( ) No ( ) |
| Is there a likelihood of future danger to life or limb as a result of such surgery?               | Yes ( ) No ( ) |
| Have any advanced diagnostic procedures been performed (ie Ultrasound, bone scan, MRI, etc)       | Yes ( ) No ( ) |
| Is there any evidence of contagious or infectious disease on premises?                            | Yes ( ) No ( ) |
| To your knowledge, has the horse suffered an accident, sickness or disease or been unsound?       | Yes ( ) No ( ) |
| Has the horse received any medication in the past year other than routine?                        | Yes ( ) No ( ) |
| Are there any other medical facts that should be brought to the attention of the Company?         | Yes ( ) No ( ) |

**IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE PROVIDE FULL DETAILS:**

**ADDITIONAL FOR FOALS 24 HOURS TO 30 DAYS OF AGE:**

|  |                |  |                   |
|--|----------------|--|-------------------|
| Was birth normal with no complications?<br><i>If no, give details below.</i> | Yes ( ) No ( ) | Date & Time of birth:                          |                   |
| Is foal on a nurse mare:   | Yes ( ) No ( ) | If yes, has mare accepted foal?                | Yes ( ) No ( )    |
| Is umbilicus dry and normal?   | Yes ( ) No ( ) | Any indication of a heart murmur?              | Yes ( ) No ( )    |
| Did foal stand and nurse normally?   | Yes ( ) No ( ) | Any conformation deformities?                  | Yes ( ) No ( )    |
| Does foal have patent urachus?   | Yes ( ) No ( ) | Normal urination/ bowel movement?              | Yes ( ) No ( )    |
| Has foal received plasma or colostrum supplement?                            | Yes ( ) No ( ) | If yes, is this standard practice at facility? | Yes ( ) No ( )    |
| Is CBC normal on this date?  | Yes ( ) No ( ) | Please provide IgG result: _____               | WBC result: _____ |

Additional remarks or information:

I declare that to the best of my professional knowledge that the statements listed above are correct in respect to the subject Horse. Except as noted, I certify that this horse is sound and in my opinion a suitable candidate for mortality insurance.

**Signature:** \_\_\_\_\_ **Date & Time of Exam:** \_\_\_\_\_