

Veterinary Certificate of Examination for Full Loss of Use and Mortality

Exclusively Underwritten By: **AMERICAN EQUINE INSURANCE GROUP**

Applicant: _____ Producer: _____ Date: _____

Horse's Name: _____ Date of Birth: _____ Sex: _____ Ht.: _____ Breed: _____

Current and/or Intended Use: _____ Level: _____

Color: _____ I.D. #'s - Tattoo: _____ USEF: _____ FEI: _____ Other: _____

For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry HYPP, please indicate the horse's HYPP status. (Circle one.) **N/N N/H H/H N/A**

Describe type of work the horse has been in the last six months. If at rest or turned out, why?

| | | | | | |
|--|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Pulse and Respiration normal at rest and after work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Has the horse ever had colic surgery? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Heart auscultation normal at rest and after work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Subject to or any previous history of colic? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Respiration auscultation normal at rest and after work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | History or evidence of a bleeder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Temperature normal? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | History or evidence of nerving? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Eyes clinically normal? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Any evidence or history of laminitis, club foot, or P3 rotation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Palpations normal? | | | Any evidence of infection or disease? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Back | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Contagious diseases on premises or locally? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Stifles | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is there evidence of objectionable habits? Vices? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Knees | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Any history of uncharacteristic behavior in the last 24 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hocks | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Any major conformation faults, which may affect the horse for its intended use, short or long term? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fetlocks | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Any evidence of lameness jogging straight or on circles in both directions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Tendons and Ligaments | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Any evidence of bone or joint disease? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (Please note any swelling, heat, stiffness and/or pain for any answer "No".) | | | If any are answered yes, please explain on a separate page. | | |
| Hoof tester results negative? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| Properly shod? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| Is the stabling and turn out safe and adequate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

Type and schedule of worming program: _____

Drug Screen Results: Required for horses valued over \$25,000. **Must be taken at the time of the exam.** Please attach results.

Are you the usual veterinarian for the applicant? Yes No
If no, have you treated/examined this horse previously. Explain: _____

| | | |
|---|------------------------------|-----------------------------|
| Are you aware if the horse has received any performance enhancing procedures, including intramuscular and/or joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you or any other veterinarians attended the horse for any ailment, injury, lameness, or medical problem in the last 12 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you aware of any pre-existing conditions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has the horse ever undergone surgery? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you aware of any condition, past or present, that could require surgical or medical attention in the next 12 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If any are answered yes, please explain on a separate page.

Active and Passive Flexion Test Results: Active test with the horse jogging immediately on a hard surface.
Written Evaluation: _____

X-rays: Must be current within 3 months. Please list below all radiographic findings, especially those that may affect the horse's long and short-term intended use. If possible, use any previous X-rays for comparisons, i.e. navicular. All views listed below are required for Full Loss of Use coverage. If additional views were taken, please describe results. Use a separate page if necessary. **Note: NSF and WNL are not acceptable descriptions for findings.**

Front Feet – Lateromedial, dorsal ventral, navicular skyline:
Front Fetlocks – A/P views:
Hind Fetlocks – A/P views:
Hocks – Lateral projection, craniocaudal projection, both oblique:
Stifles – Lateromedial views:

Give your general evaluation for the above named horse, and your professional opinion on soundness, both short and long-term, for its intended use.

I (print name) _____, do certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____, and that I have on this day examined the above named horse.
Veterinarian's signature: _____ Phone: _____ Date: _____

I (print name) _____, as the Owner or representative for the owner as the primary trainer and/or caretaker, have provided to the veterinarian to the best of my ability accurate and complete information on the above named horse.
Owner, trainer, or primary caretaker's signature: _____ Date: _____