

Veterinary Certificate of Examination for Mortality Coverage For Foals Under 30 days – (Not to be completed prior to 24 hours of age.)

Exclusively Underwritten By: AMERICAN EQUINE INSURANCE GROUP

Applicant: _____ Producer: _____ Date: _____

Foal's Name: _____ Date of Birth: _____ Hour of Birth: _____ Sex: _____

Breed: _____ Dam: _____ Sire: _____

Intended Use: _____ Color: _____ Markings: _____

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
 If results for the foal are not available, please indicate:
 Dam's HYPP status: **N/N N/H H/H N/A**
 Sire's HYPP status: **N/N N/H H/H N/A**

For Arabian Horses, is there a history of Combined Immunodeficiency (CID) in either the Sire or Dam? Yes No
 Has a blood count been performed? Yes No
 If yes, please provide the results: _____

Was parturition complicated in any way? Yes No
 Did the mare drip or stream milk prior to parturition? Yes No
 Does the mare have a history of producing jaundiced foals? Yes No
 How many foals has the mare produced previously? _____
 How many of the mare's foals have survived weaning? _____
 If the mare lost any foals, please provide details (year, cause of loss) separately.
 How long was the gestation period? _____
 How long before foal stood unassisted? _____
 How long before foal nursed unassisted? _____
 Was foal given supplemental colostrum? Yes No
 Was (Is) the foal given supplemental milk? Yes No
 Is milk regurgitated from the nose following nursing? Yes No
 Is the foal an orphan or twin? Yes No
 Is umbilical or scrotal hernia present? Yes No
 Subject to or any previous history of colic? Yes No
 Have any medications been administered? Yes No
 Any evidence of infection or disease? Yes No
 Contagious diseases on premises or locally? Yes No
 If the horse is a colt, are both testicles evident? Yes No
 Any evidence of lameness? Yes No

**IgG Results – Required if under 30 days old.
Not to be taken after 48 hours old.**

Approximate weight of the foal at time of examination: _____
 Does the mare allow the foal to nurse freely? Yes No
 Has all the meconium been passed? Yes No
 What is the consistency of the stool? _____
 Has the foal urinated normally? Yes No
 Pulse and Respiration normal? Yes No
 Heart auscultation normal? Yes No
 Respiration auscultation normal? Yes No
 Temperature normal? Yes No
 Eyes clinically normal? Yes No
 Are the limbs straight? Yes No
 Are joints normal?
 Back Yes No
 Stifles Yes No
 Knees Yes No
 Hocks Yes No
 Fetlocks Yes No
 Tendons and Ligaments Yes No
(Please note any distention, congenital deformity, swelling, heat, stiffness and/or pain for any answer "No".)

If any of the above questions are yes, please explain on a separate page.
 Type and schedule of worming program: _____

Is the stabling and turn out safe and adequate? Yes No
 Are you the usual veterinarian for the applicant? Yes No
If any of the above questions are no, please explain on a separate page.

Are there any pre-existing conditions, history of lameness, or additional medical facts that should be brought to the attention of the Insurance Company?

 Has the foal been attended by you or any other veterinarian for any ailment, injury or medical problem since its foaling? If yes, explain.

 Has an X-ray or ultrasound examination been performed on the foal since its foaling? If so, why, and what were the results?

 Has foal ever undergone surgery? If so, describe type of surgery, date and recovery.

 Are you aware of any condition past or present that could require surgical or medical attention in the next 12 months?

Give your general evaluation for the above named foal.

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 foal.
Veterinarian's signature: _____ Phone: _____ Date and Time of Exam: _____

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 foal.
Owner, trainer, or primary caretaker's signature: _____ Date: _____