

VETERINARY CERTIFICATE FOR MORTALITY AND VIP EQUINE

(To be completed by the horse's usual veterinarian)

Policyholder and horse details

Name of owner _____ Name of horse _____
 Colour _____ Sex _____ Breed _____ Age _____
 Microchip number _____
 Intended use: e.g. Breeding, Hacking, Show Jumping, Dressage, Eventing, Polo. _____
 Name of yard owner _____
 Name and address of yard _____

Description of markings

Head _____
 Neck _____
 Left fore _____
 Right fore _____
 Left hind _____
 Right hind _____
 Body _____
 Acquired (brand/
 freeze marks or
 permanent scars _____

General Questions

1. Has the horse suffered from any of the following:

(a) Colic or Gastro Intestinal Problems in the past 2 years	YES ☐ NO ☐
(b) Biliary Fever	YES ☐ NO ☐
(c) Ruptured Bloodvessels or other defects in the Circulatory System	YES ☐ NO ☐
(d) Laminitis	YES ☐ NO ☐
(e) Lameness during the past year	YES ☐ NO ☐
(f) Any serious Illness or Injury	YES ☐ NO ☐
2. What vaccinations have been administered during the past year and when were they administered?

3. What diseases are active in the environment? _____
4. Is the horse clinically normal? (Include genitalia) YES ☐ NO ☐
 If NO, give detailed diagnosis and prognosis

5. Describe any defective conformation and/or lesions which may have prognostic significance.

6. Is there any evidence of vices, e.g. Crib-biter, Kicker, Weaver, Wind-sucker, etc.? YES ☐ NO ☐
If YES, provide details _____
7. Has the horse required veterinary attention during the past 12 months? YES ☐ NO ☐
If YES, please specify _____
8. Are the eyes normal on ophthalmoscope examination? YES ☐ NO ☐
If NO, provide details _____
9. Have you examined the horse while it's performing its intended use? YES ☐ NO ☐
If NO, give reasons _____
10. Is the heart rate within normal limits at rest and at work? YES ☐ NO ☐
If NO, provide details _____
11. Is there any evidence of a heart murmur before work or after work? YES ☐ NO ☐
If YES, provide details _____
12. Are there any respiratory abnormalities detected at rest or at work? YES ☐ NO ☐
13. If a foal, was the birth normal? YES ☐ NO ☐ N/A ☐
14. Is there evidence of wear and tear, such as windgalls? YES ☐ NO ☐
If YES, provide details _____
15. Are all 4 flexion tests negative? YES ☐ NO ☐
If NO, provide details _____
16. Is back palpation normal? YES ☐ NO ☐
If NO, provide details _____
17. Is the horse on chronic medication or treatment? YES ☐ NO ☐
If YES, provide details _____
18. Is there evidence of any Sarcoids, Tumours, Melanomas or Pruritis? YES ☐ NO ☐
If YES, provide details _____
19. Has the horse received any joint treatment? YES ☐ NO ☐
If YES, please provide details and date of treatment _____
20. Specify any special examinations which may have been done.

Final conclusions and remarks

Provide full details of any illness, injury or abnormalities, inclusive of dates.

Name of veterinarian

Signature of veterinarian

Date

THE FEE FOR THIS EXAMINATION IS FOR THE OWNER'S ACCOUNT