

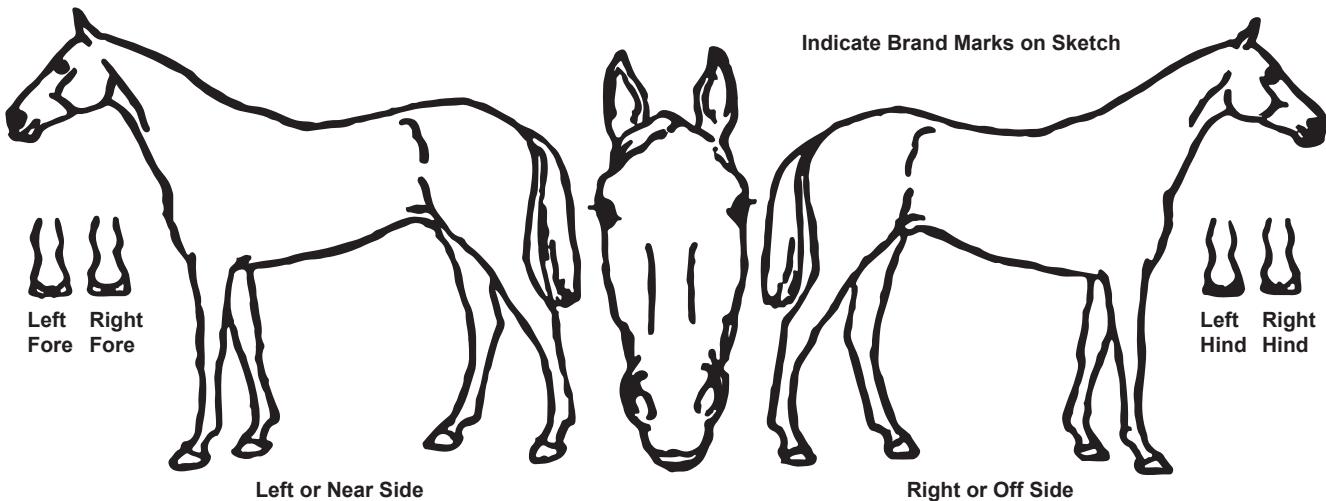
VETERINARY CERTIFICATE FOR MORTALITY AND VIP EQUINE

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

POLICYHOLDER'S DETAILS

Name of Owner _____ Name of Horse _____
 Colour _____ Sex _____ Breed _____ Age _____
 Intended use: e.g. Breeding, Hacking, Show Jumping, Dressage,
 Eventing, Polo.
 Name of Yard
 Owner _____ Name and
 address of yard _____

IDENTIFYING MARKINGS



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)

If NO, give detailed diagnosis and prognosis	YES	NO
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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.?

If YES, provide details	YES	NO
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7. Has the horse required veterinary attention during the past 12 months?

If YES, please specify	YES	NO
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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
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. 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