

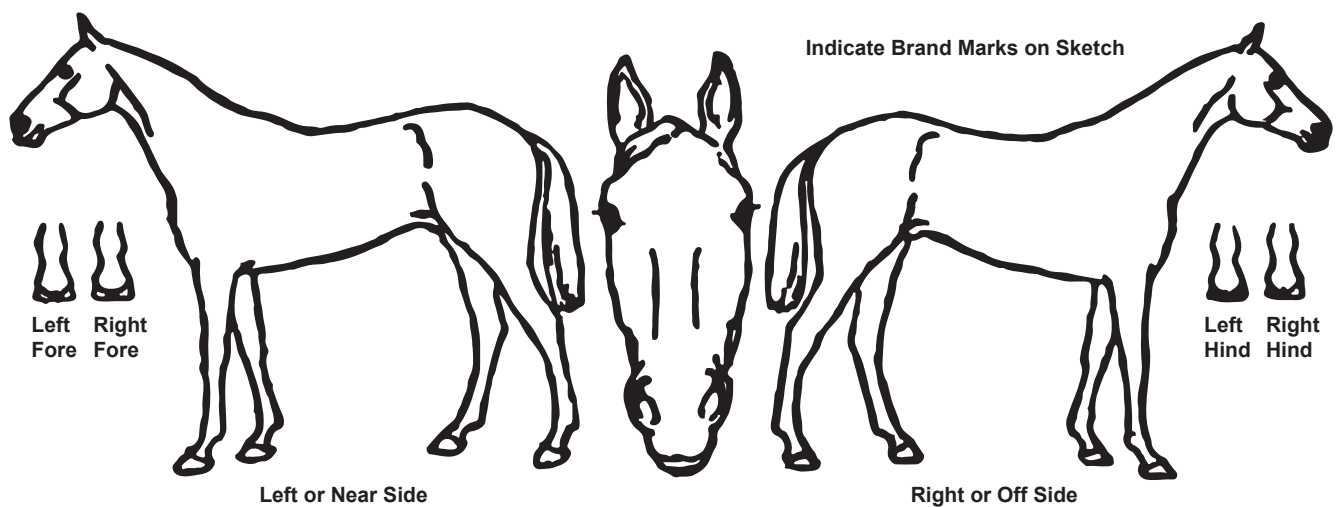
**VETERINARY CERTIFICATE FOR MORTALITY AND VIP EQUINE**

(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 \_\_\_\_\_ Name and  
 Owner \_\_\_\_\_ 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) 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. 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**