

BLUE BRIDLE INSURANCE AGENCY, INC.
P. O. BOX 27, PITTSTOWN, NJ 08867
(800) 526-1711 / (908) 735-6362 FAX: (908) 735-2254

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE

Horses being examined for insurance should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining veterinarian to the best of his/her ability as a licensed veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

I, _____ do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____ and that I have this day examined:

1. Name _____
Age Color Sex Breed

2. Name _____
Age Color Sex Breed

Owned by _____
Name Address Zip

	YES	NO		YES	NO
Pulse and respiration normal?	___	___	History of colic?	___	___
Temperature normal?	___	___	History or evidence of nerving?	___	___
Eyes clinically normal?	___	___	Has horse been castrated?	___	___
Heart auscultated?	___	___	Has any surgery been performed?	___	___
History or evidence of bleeder?	___	___	If mare, is she reported in foal?	___	___
History of laminitis / founder?	___	___	If male, are both testicles evident?	___	___

Date last wormed _____ How frequently is horse(s) wormed? _____

If any surgery has been performed, describe type of surgery and date _____

If surgery has been performed, has the horse fully recovered? _____

Is there any likelihood of future danger to life or limb as a result of such surgery? _____

Any lameness or faulty conformation or other abnormal conditions? _____

Is the stabling adequate? _____ Is there any evidence of objectionable habits? _____

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company? _____

Are you the regular veterinarian for this horse or client? _____

EXCEPT AS NOTED, I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE HORSE IS SOUND.

Remarks _____

Signed _____

Date of Exam _____

Address _____

Phone Number including area code () _____