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 hereb	y certify that I an	n a graduate veteri	narian holding a o	current license as such to practic	
in the State of	and that	I have this day ex	amined:			
1. Name		Age	Color	Sex	Breed	
2. Name						
		Age	Color	Sex	Breed	
Owned byName		Address			Zip	
Pulse and respiration normal?	YES NO		colic?	Y 	Zip ZES NO	
Temperature normal?		History or	History or evidence of nerving?			
Eyes clinically normal?		Has horse	Has horse been castrated?			
Heart auscultated?		Has any su	Has any surgery been performed?			
History or evidence of bleeder?		If mare, is	If mare, is she reported in foal?			
History of laminitis / founder?		If male, ar	e both testicles evi	ident?		
Date last wormed	How frequently is horse(s) wormed?					
If any surgery has been performed, describ	e type of surg	gery and date				
If surgery has been performed, has the hors						
Is there any likeliness of future danger to li	fe or limb as	a result of such su	urgery?			
Any lameness or faulty conformation or otl	her abnormal	conditions?				
s the stabling adequate? Is there any evidence of objectionable habits?						
In your opinion or to your knowledge, are t						
Are you the regular veterinarian for this ho	rse or client?					
EXCEPT AS NOTED, I HEREBY CERTIFY T	O THE BEST	OF MY KNOWLE	EDGE AND BELIEF	F THAT THE HOR	SE IS SOUND.	
Remarks						
Signed	Date of Exam					
Address						