



JUSTIN INSURANCE

EQUINE AND RANCH SPECIALISTS

(800) 972-0272 * Fax (817) 579-9367

5305 TEMPLE HALL HWY, GRANBURY, TX 76049

www.justininsurance.com

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 presence of contagious diseases. This certificate should be completed by the examining Veterinarian to the best of his ability as a licensed Veterinarian.

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

Name _____ Age _____ Color _____ Sex _____ Breed _____

Owned by _____ Phone number _____

Address _____ City, State, Zip _____

Trained by _____ Location of horse _____

	YES	NO
Pulse and respiration normal?		
Temperature normal?		
Eyes clinically normal?		
Heart auscultated and found normal?		
History or evidence of bleeder?		
History or evidence of nerving?		
Any evidence of laminitis/founder?		
Any signs of neurological disorder?		
Has any surgery ever been performed?		
Has horse been castrated?		
If male, are both testicles evident?		
If female, is she reported in foal?		
If broodmare, is there history of foaling complications?		
Subject to or previous history of colic?		
Any digestive disorder past or present?		

	YES	NO
Any indication of infection or disease?		
Any symptoms detrimental to satisfactory breeding?		
Any evidence of lameness?		
Evidence of bone or joint disease?		
Is the stabling adequate?		
Contagious diseases on premises or in the neighborhood?		
Are you the usual veterinarian for applicant?		
Evidence of vices or objectionable habits?		
Date last wormed _____		
Current Coggins?		
Date _____ Result _____		
If broodmare is open, when was last foal born?		

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

In your opinion or to your knowledge, are there any medical facts, pre-existing conditions, or conformation problems that should be brought to the attention of the Company or any reason why the horse should not be insured? _____

Has horse been attended by you or any veterinarian for any ailment, injury or medical problem in the last 12 months? Yes _____ No _____

If Yes, explain: _____

PROOF OF CURRENT WEST NILE, VEWT & FLU/RHINO VACCINE MAY BE REQUIRED SHOULD THERE BE A CLAIM.

Examination Date & Time	Signature of Veterinarian	D.V.M.
Address	City	State
Office Phone Number	State License #	ZIP

VETERINARY CERTIFICATES ARE NOT ACCEPTABLE UNLESS COMPLETED WITHIN 10 DAYS PRIOR TO BEING RECEIVED IN OUR OFFICE!