

Veterinarian
Vet Address
Vet Phone
Vet Fax

# VETERINARY CERTIFICATE

COLLEY, BORLAND & VALE INSURANCE BROKERS LIMITED

4591 Highway 7 East, Unionville ON L3R 1M6  
(905) 477-2720



OAEP APPROVED VETERINARY  
EXAMINATION CERTIFICATE (EQUINE)  
FOR INSURABLE PURPOSES

Owner	Name of Horse	Date of Birth
Owner Address	Breed	Sire
Owner Business Phone	Tattoo or Freeze Brand Number	Dam
Owner Home Phone	Colour	Sex
		Use of Horse

An adequate history, including the occurrence of colic, bleeding, abortion, illness or disease, or surgical operations (eg neutrectomy) must be recorded below to the best of your knowledge. You are not expected to pass judgement on the insurability of the horse, your responsibility is to attest to the health of the horse at this time of the examination.

It is required that each animal shall be examined outside the stall and that it be made to move about to demonstrate freedom from lameness. A physical examination of each individual, including temperature, pulse rate, respiratory rate, auscultation of the heart and lungs (pre and post exercise), auscultation of the abdomen and eye examination must be performed. Further tests or specialized diagnostic procedures may be requested by the Insurance Company.

I. HISTORY	
a)	Is there any history of colic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe
b)	Is there a history of bleeding (epistaxis)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe
c)	Is there evidence of nerving? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe
d)	Is there a history of previous surgical operations on this horse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe
e)	Date of last Coggins test  Result:
f)	Is the mare reported in foal? <input type="checkbox"/> Yes <input type="checkbox"/> No Last breeding date:

II. EXAMINATION				
a)		Pre Exercise		Post Exercise
		Normal	Abnormal	Normal
	Temperature			
	Pulse Rate			
	Respiratory			
	Eyes			
If Abnormal, state abnormality				
b)		Normal		Abnormal
	Auscultation of heart			
	Auscultation of lungs			
	Auscultation of gastro-intestinal tract			
	Eyes			
If Abnormal, state abnormality				
c)		Normal		Abnormal
	Locomotion			
If Abnormal, state abnormality				
d)		Normal		Abnormal
	Eyes			
If Abnormal, state abnormality				

III.	
a)	Have you previously attended the above horses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what purpose:
b)	Have you previously attended other animals for the application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long?
c)	Are the applicant's husbandry practices (eg nutrition, facilities, parasite control and vaccination schedules) <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate If inadequate, describe:
d)	Is there any abnormal incidence of contagious disease in the horse's environment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe

IV. Special Tests and Results:

V. Any Further Comments:

I have examined the above horse at this time and my findings are stated above	
Date	Signature of Vet

As owner of this animal, I swear to my knowledge there is no previous history of colic, sickness, injury or incident that may affect this insurance applied for as a "pre-existing" condition.	
Date	Signature of Owner