



Veterinary certificate of examination

Markel Insurance Company
XXXXXXXXXX
XXXXXXXXXX
XXXXXXXXXX

AGENT; JOSHUA MULLINS
Email: josh@lisasegerinsurance.com
Mobile: (949) 212-2970
Fax Direct: (949) 544-0461

Insured's name: _____ Policy number (if existing policy): _____
Phone: _____ Email: _____

| Horse's name & registration number | Breed | Age | Color | Sex | Sire/dam (if applicable) |
|------------------------------------|-------|-----|-------|-----|--------------------------|
| | | | | | |

Owned by, if other than insured: _____ **Location of animal(s):** _____

The horse being examined should be moved about outside of the stall to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and the presence of contagious disease.

TO THE VETERINARIAN: Horses with a history of colic, founder or nerving may not be insurable. If there is evidence or knowledge of these problems, please provide all details. **I, _____, do certify that I am a graduate Veterinarian holding a current license to practice in _____ (indicate state).**

Are you the usual Veterinarian? Yes No

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| <p>1. Temperature, pulse, & respiration (TPR) normal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Eyes clinically normal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Heart auscultated & found normal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. History or evidence of: <input type="checkbox"/> none <input type="checkbox"/> arthritis <input type="checkbox"/> bleeder <input type="checkbox"/> disease <input type="checkbox"/> faulty conformation <input type="checkbox"/> firing/blistering <input type="checkbox"/> founder <input type="checkbox"/> lameness <input type="checkbox"/> laminitis <input type="checkbox"/> nerving <input type="checkbox"/> navicular disease <input type="checkbox"/> sickness Provide details: _____</p> <p>5. Diagnostic procedures including ultrasounds, x-rays, bone scans, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide interpretation and diagnosis: _____</p> <p>6. Preventative treatment(s) including, intramuscular, intravenous or intra-articular injections? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Does this horse receive any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____</p> <p>8. History or evidence of: <input type="checkbox"/> none <input type="checkbox"/> gastric ulcers <input type="checkbox"/> medical colic <input type="checkbox"/> surgical colic</p> <p>9. Has any surgery been performed, other than castration? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach details on separate page.</p> | <p>10. Tested and/or treated for EPM, Lyme, or tick born illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____ Results: _____</p> <p>11. History or evidence of genetic disorders (HYPP)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Known exposure to contagious or infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Has a complete pre-purchase or soundness exam been performed within the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No (Provide details of any abnormal results.)</p> <p>14. If male, has horse been castrated? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are both testicles evident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. If female, is she in foal? <input type="checkbox"/> Yes <input type="checkbox"/> No Due date: _____</p> <p>16. Any conditions detrimental to satisfactory breeding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>For foals 24 hours to 90 days of age, you must also complete the following questions.</p> <p>17. Was birth normal with no complications? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach details on separate page.</p> <p>18. Date and time of birth: _____</p> <p>19. Normal urination & bowel movement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Is IgG/CBC normal? <input type="checkbox"/> Yes <input type="checkbox"/> No Results: _____</p> <p>21. Has foal received any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No List medication: _____</p> |
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Give complete details in regard to any of the above questions that might have a bearing on the health, conformation or soundness of this horse: (If additional is needed, use a separate page.)

Except as noted above, I certify that to the best of my knowledge and belief, the horse is healthy and insurable sound.

Agreement: The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this form. He/she represents that the answers are true, correct, and complete to the best of his/her knowledge. The undersigned authorized representative agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Before signing this document, verify your information is correct. Electronically signing will disable further editing.

Veterinarian's signature: _____ Phone number: (____) _____ Fax number: (____) _____

Address: _____ Date & time of exam: _____

This certificate must be received by the Company within 30 days of the exam date and/or prior to renewal. Please note the owner/agent is responsible for submitting this form to the Insurance Company.