

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY COVERAGE

Foals Under 30 days – (Not to be completed prior to 24 hours of age.)

Smith-Embry Insurance Associates, Inc . 3044 Breckenridge Ln . Louisville KY . 40220 . 502 493 9911

Applicant: _____	Producer: _____	Date: _____
Foal's Name: _____	Date of Birth: _____	Hour of Birth: _____ Sex: _____
Breed: _____	Dam: _____	Sire: _____
Intended Use: _____	Color: _____	Markings: _____

For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry HYPP, please indicate the horse's HYPP status. <i>(Circle one.)</i> <div style="text-align: center;"> N/N N/H H/H N/A </div> If results for the foal are not available, please indicate: Dam's HYPP status: N/N N/H H/H N/A Sire's HYPP status: N/N N/H H/H N/A	For Arabian Horses, is there a history of Combined Immunodeficiency (CID) in either the Sire or Dam? Yes <input type="radio"/> No <input type="radio"/> Has a blood count been performed? Yes <input type="radio"/> No <input type="radio"/> If yes, please provide the results: _____
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<table style="width: 100%;"> <tr><td>Was parturition complicated in any way?</td><td>Yes <input type="radio"/> No <input type="radio"/></td></tr> <tr><td>Did the mare drip or stream milk prior to parturition?</td><td>Yes <input type="radio"/> No <input type="radio"/></td></tr> <tr><td>Does the mare have a history of producing jaundiced foals?</td><td>Yes <input type="radio"/> No <input type="radio"/></td></tr> <tr><td>How many foals has the mare produced previously?</td><td>_____</td></tr> <tr><td>How many of the mare's foals have survived weaning?</td><td>_____</td></tr> <tr><td>If the mare lost any foals, please provide details (year, cause of loss) separately.</td><td></td></tr> <tr><td>How long was the gestation period?</td><td>_____</td></tr> <tr><td>How long before foal stood unassisted?</td><td>_____</td></tr> <tr><td>How long before foal nursed unassisted?</td><td>_____</td></tr> <tr><td>Was foal given supplemental colostrum?</td><td>Yes <input type="radio"/> No <input type="radio"/></td></tr> <tr><td>Was (Is) the foal given supplemental milk?</td><td>Yes <input type="radio"/> No <input type="radio"/></td></tr> <tr><td>Is milk regurgitated from the nose following nursing?</td><td>Yes <input type="radio"/> No <input type="radio"/></td></tr> <tr><td>Is the foal an orphan or twin?</td><td>Yes <input type="radio"/> No <input type="radio"/></td></tr> <tr><td>Is umbilical or scrotal hernia present?</td><td>Yes <input type="radio"/> No <input type="radio"/></td></tr> <tr><td>Subject to or any previous history of colic?</td><td>Yes <input type="radio"/> No <input type="radio"/></td></tr> <tr><td>Have any medications been administered?</td><td>Yes <input type="radio"/> No <input type="radio"/></td></tr> <tr><td>Any evidence of infection or disease?</td><td>Yes <input type="radio"/> No <input type="radio"/></td></tr> <tr><td>Contagious diseases on premises or locally?</td><td>Yes <input type="radio"/> No <input type="radio"/></td></tr> <tr><td>If the horse is a colt, are both testicles evident?</td><td>Yes <input type="radio"/> No <input type="radio"/></td></tr> <tr><td>Any evidence of lameness?</td><td>Yes <input type="radio"/> No <input type="radio"/></td></tr> </table> <p style="text-align: center;"><i>If any of the above questions are yes, please explain on a separate page.</i></p> Type and schedule of worming program: _____ _____	Was parturition complicated in any way?	Yes <input type="radio"/> No <input type="radio"/>	Did the mare drip or stream milk prior to parturition?	Yes <input type="radio"/> No <input type="radio"/>	Does the mare have a history of producing jaundiced foals?	Yes <input type="radio"/> No <input type="radio"/>	How many foals has the mare produced previously?	_____	How many of the mare's foals have survived weaning?	_____	If the mare lost any foals, please provide details (year, cause of loss) separately.		How long was the gestation period?	_____	How long before foal stood unassisted?	_____	How long before foal nursed unassisted?	_____	Was foal given supplemental colostrum?	Yes <input type="radio"/> No <input type="radio"/>	Was (Is) the foal given supplemental milk?	Yes <input type="radio"/> No <input type="radio"/>	Is milk regurgitated from the nose following nursing?	Yes <input type="radio"/> No <input type="radio"/>	Is the foal an orphan or twin?	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Yes <input type="radio"/> No <input type="radio"/> What is the consistency of the stool? _____ Has the foal urinated normally? Yes <input type="radio"/> No <input type="radio"/> Pulse and Respiration normal? Yes <input type="radio"/> No <input type="radio"/> Heart auscultation normal? Yes <input type="radio"/> No <input type="radio"/> Respiration auscultation normal? Yes <input type="radio"/> No <input type="radio"/> Temperature normal? Yes <input type="radio"/> No <input type="radio"/> Eyes clinically normal? Yes <input type="radio"/> No <input type="radio"/> Are the limbs straight? Yes <input type="radio"/> No <input type="radio"/> Are joints normal? <i>(Note any distention, congenital deformity, swelling, heat, stiffness and/or pain.)</i> Back Yes <input type="radio"/> No <input type="radio"/> Stifles Yes <input type="radio"/> No <input type="radio"/> Knees Yes <input type="radio"/> No <input type="radio"/> Hocks Yes <input type="radio"/> No <input type="radio"/> Fetlocks Yes <input type="radio"/> No <input type="radio"/> Tendons and Ligaments Yes <input type="radio"/> No <input type="radio"/> Is the stabling and turn out safe and adequate? Yes <input type="radio"/> No <input type="radio"/> Are you the usual veterinarian for the applicant? Yes <input type="radio"/> No <input type="radio"/> <p style="text-align: center;"><i>If any of the above questions are no, please explain on a separate page.</i></p>
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Are there any pre-existing conditions, history of lameness, or additional medical facts that should be brought to the attention of the Insurance Company?

Has the foal been attended by you or any other veterinarian for any ailment, injury or medical problem since its foaling? If yes, explain.

Has an X-ray or ultrasound examination been performed on the foal since its foaling? If so, why, and what were the results?

Has foal ever undergone surgery? If so, describe type of surgery, date and recovery.

Are you aware of any condition past or present that could require surgical or medical attention in the next 12 months?

Give your general evaluation for the above named foal.

I (print name) _____, do certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____, and that I have on this day examined the above named foal.

Veterinarian's signature: _____ Phone: _____ Date and Time of Exam: _____

I (print name) _____, as the Owner or representative for the owner as the primary trainer and/or caretaker, have provided to the best of my ability accurate and complete information on the above named foal.

Owner, trainer, or primary caretaker's signature: _____ Date: _____