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EQUINE INSURANCE APPLICATION VETERINARIAN CERTIFICATE

VALUE SUBSTANTIATION

VETERINARIAN'S EXAMINATION

I have examined the following animal (s), have seen them in motion at the walk or trot and answer the following to the best of my knowledge.

OWNERS NAME:

1)

2)

HORSE NAME

HORSE NAME

1. Is there any pulse or respiration problem?
2. Is temperature above or below normal?
3. Any eye problems?
4. Any heart, lung or breathing problem?
5. Any history or evidence of bleeder?
6. Any history or evidence of nerving?
7. Has history or evidence of surgery?
8. Any colic within the past 12 months?
9. Has horse been ill or injured within the past 12 months?
10. Any lameness or conformational defects?
11. If mare, is she in foal?
12. Any past breeding or foaling problems?
13. If male, any problems with testicles?
14. Any vices or objectionable habits?
15. Any evidence of contagious disease on premises?
16. Any other medical facts affecting insurance?

If any answer is "yes" above, please provide details: _____

ADDITIONAL FOR FOALS UNDER 150 DAYS (Newborn foals must be examined at 24 hours, not before)

1. Was birth normal without complications? _____
2. Is foal an orphan? _____
3. Has foal received any medication? _____
4. CBC normal on this date? _____
5. IgG test results _____

Veterinarian Name: _____	
SIGNATURE: _____	
ADDRESS: _____	
PHONE: _____	
DATE / /	TIME