

## Veterinarian Certificate of Examination

Applicant Name:

Mailing Address:

City:

State:

Zip:

I, (Print Name)  
such to practice in the State of

do hereby certify that I am a graduate veterinarian holding a current license as  
and that I have this day examined:

Horse Name:

Breed:

Age:

Color:

Sex:

Use:

Owned by (Name / Address):

- |   |   |
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| <p>1. Pulse and Respiration normal: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>2. Heart auscultation normal: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>3. Temperature normal: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>4. Eyes clinically normal: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>5. Any previous history of colic: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>6. Any previous history or evidence of a bleeder: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>7. Any previous history or evidence of nerving: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>8. Any previous history of laminitis, founder, clubfoot: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>9. Any evidence of lameness, faulty conformation other abnormalities: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>10. Any degenerative changes, bone spurs, chips or osteochondrosis on any X-rays taken: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>11. Uncharacteristic behavior last 24 months: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>12. Has horse ever had surgery: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>13. How often wormed:</p> <p>14. Date of last worming:</p> <p>15. Has horse been castrated: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>16. If male, are both testicles evident: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>17. Any evidence of bone or joint disease: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>18. Hoof tester results negative: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>19. Is horse properly shod: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> | <p>20. Gestation, lactation, or parturition history: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>21. Any evidence of infection or Disease: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>22. Any evidence of bone or joint disease: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>23. Is stabling adequate: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>24. Aware if horse received any performance enhancing procedures, intramuscular and /or joint injections, any medications, or any preventive treatments in the last 12 months: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>25. Palpations normal- Back, Stifles, Knees, Hocks, Fetlocks, Tendons / Ligaments: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>26. Have you or any other licensed equine veterinarian treated horse for any ailment, injury, lameness, or medical problem in the last 12 months: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>27. Does the horse appear relaxed or free of pain in all gaits / movements observed: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>28. Have you observed the horse in gaits / movements for its breed and use: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>29. Are you the regular veterinarian for this horse or applicant: <input type="checkbox"/>Yes <input type="checkbox"/>No<br/>If yes, for how long:</p> <p><b>Quarter Horse Only:</b></p> <p>1. Any HYPP signs or symptoms: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>2. HYPP Tested: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Breeding Mares Only</b></p> <p>1. If yes, expected birth date:</p> <p>2. Is horse pregnant: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
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**If Loss of Use coverage is requested, please complete the Loss of Use Exam form with specific reference to all radiographic findings, especially those which may affect the horse's short term and/or long term intended use. X-Rays must be current within the last 30 days.**

Comments to questions requiring further detail: (Include General evaluation for named horse, professional opinion on soundness)

**If a foal born between 24hrs up to 60 days old, please completed this section:**

Date & time of birth:

Birth normal with no complications:  Yes  No

Is umbilicus dry and normal:  Yes  No

Does foal have patent urachus:  Yes  No

Any flexural deformities:  Yes  No

Any evidence of hernia:  Yes  No

IgG readings:

White blood count:

Foal on any medication including antibiotics, plasma or colostrum supplement:  Yes  No

If yes, provide dates:

If the foal is on antibiotics, what is being administered and how long:

Foal have any evidence or history of rib fractures:  Yes  No

If yes, provide details:

**EXCEPT AS NOTED ABOVE, I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE HORSE IS, EXCEPT AS NOTED, SOUND.**

Veterinarian's Signature

Address

Date

Phone#