Kiger Insurance, Inc.
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VETERINARY CERTIFICATE OF EXAMINATION FOR EQUINE MORTALITY INSURANCE

The purpose of this examination is to identify and examine the involved horse in accordance with this certificate, and to report the medical facts obtained by the examination to the insurance company. This Veterinary Certificate of Examination for Mortality Insurance is NOT a statement of insurability or serviceability for any intended use.

Horses being examined should be observed in motion. This certificate should be completed by the examining veterinarian to the best of his or her knowledge and ability as a licensed veterinarian.

I, _____, do hereby certify that I am a graduate veterinarian and hold a current license to practice veterinary medicine in the State of _____and that I have this date examined:

Name: _____ **Breed:** _____
Age: _____ **Color:** _____ **Sex:** _____
Sire: _____ **Dam:** _____
Owner: _____

Temperature:_____°F Pulse:_____b/min **Respiration:_____b/min**

Is horse a bleeder? Yes☐ No☐ NTMK☐
Has horse been nerved? Yes☐ No☐ NTMK☐
Eyes clinically normal? Yes☐ No☐
Heart and lungs auscultated? Yes☐ No☐
If male, are both testicles palpable? Yes☐ No☐
Has horse been castrated? Yes☐ No☐
If so, when? _____
Any report or clinical evidence of other surgery? Yes☐ No☐
(If answered Yes, please explain below)
In your opinion, is there any clinical evidence of lameness, or significant conformational defects or other pathological conditions? Yes☐ No☐
(If yes, please explain below)
Does the horse manifest clinical evidence of contagious or infectious disease? Yes☐ No☐
(If yes, please explain below)

Any colic within last 12 mos? Yes☐ No☐ NTMK☐
If mare, is she reported to be pregnant? Yes☐ No☐ NTMK☐
To what stud? _____
Date of last pregnancy exam? _____
Any knowledge or clinical evidence of contagious or infectious disease on the premises within the last 60 days? Yes☐ No☐
(Explain below)
Any clinical evidence of objectionable vices or habits? Yes☐ No☐
(Explain below)
In your opinion or to your knowledge, are there any additional medical facts that should be brought to the attention of the company? Yes☐ No☐
(Explain below)
Has official EIA test been run? Yes☐ No☐
Date:_____Results:_____Lab:_____

If any surgery has been performed, describe type of surgery and outcome of recovery:_____
_____
_____

Explanation of abnormal findings and/or additional comments:_____
_____

Date:_____Time:_____(of examination)

Signed: _____ **Address:** _____
Phone: _____ _____
Fax: _____ _____