



#302, 13220 St. Albert Trail
 Edmonton AB, T5L 4W1
 Phone 780-447-3276
 Fax 780-732-3607

Agent: _____

ALL RISK MORTALITY

Equine Veterinary Certificate of Health

Examination Completed For: (Client name)					
Clinic/Veterinarian Information (PLEASE PRINT CLEARLY) Veterinary Clinic & Attending Veterinarian: _____					
Address: _____					
Phone #: _____			Fax #: _____		
Are you the regularly attending veterinarian for this Farm or Individual: <input type="checkbox"/> Yes <input type="checkbox"/> No					
How often does a veterinarian attend this farm or individual yearly: <input type="checkbox"/> less than 5 <input type="checkbox"/> 5 to 10 <input type="checkbox"/> more than 10					
Breed & Name	Reg #/Tattoo/Microchip/Brand/ Identifying Marks or Scars	*Sex	Birth Date (YYYY)	Use	**Insured Value

*Please specify Sex: Mare, Stallion, Gelding, Filly, or Colt **Values insured are Subject to Justification

Was this animal examined: <input type="checkbox"/> In clinic <input type="checkbox"/> On farm Other: _____	Check one only:
Heart Auscultated and normal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the pulse rate, respiratory rate and temperature within a normal range pre and post exercise:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do both eyes appear normal:	<input type="checkbox"/> Yes <input type="checkbox"/> No
History or evidence of bleeder:	
Does this animal manifest any indication of lameness, laminitis, or faulty conformation	
Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any indication of infection or disease:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any history of colic or digestive disorders:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any noticeable scars/ bumps, swellings or evidence of firing/ blistering:	
Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any surgery or procedure requiring local or general anesthetic been performed on this animal in the past 12 months, give details, date, recovery information and whether any likelihood of future complications to general health will result from such operation:	
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this animal have current vaccinations for Tetanus, Influenza, Rhino, West Nile, Sleeping Sickness, other:	
Dates Including Boosters: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past 12 months has this animal been treated for endo or ectoparasites (deworming):	
Date and product used: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does a Farrier attend this animal regularly & how often:	<input type="checkbox"/> Yes <input type="checkbox"/> No

AS REGARDS REPRODUCTION:

FEMALES

Is this female animal pregnant:

If so, state expected due date:

Yes No

Symptoms detrimental to satisfactory breeding/delivery:

Explain:

Yes No

External genitals normal in size and shape and suitable for reproduction:

Yes No

Is this broodmare examined yearly:

Yes No

MALES

Has this breeding stallion been evaluated yearly:

Yes No

Are the testicles uniform, normal and correct size for age:

Yes No

Was Semen Evaluation done:

Did the penis appear normal and healthy?

Yes No

Would he classify as a Satisfactory breeder?

If not explain:

Yes No

FOALS

Was birth normal and unassisted:

Yes No

Does this foal have any signs of Hernia:

Yes No

Did foal have colostrum:

Yes No

Has the foal been treated with any medication/ vaccinations since birth:

List:

Yes No

Type of Housing ie: pasture, corral (steel or wood): _____

Type of Shelter ie: open faced shed, barn, trees: _____

I found pasture, and/or corral, and/or barn to be: _____

Additional Remarks:

I hereby certify that I have this date examined the above identifiable animal and have found it to be of the health condition and age stated and verified by the above questions. Except as noted above, I hereby certify this animal is in sound and healthy condition for the use stated above.

**Veterinarian's
Signature:**

Date of Examination:

THIS CERTIFICATE MUST BE RECEIVED BY THIS COMPANY WITHIN 30 DAYS OF THE EXAMINATION DATE.