



Canadian Farm
Insurance Corp.

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Agent:

ALL RISK MORTALITY

Bovine 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					
Is there a current Herd Health program 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					
Sex*	Breed	Registered Name of Animal	Reg. No./Tattoo/ Microchip	Use	Birth Date

*Please specify Sex: Bull, Cow, Heifer, Steer

Was this animal examined: In clinic On farm Other: _____

Check one only:

Docility: 1 2 3 4 5 (1 – very quiet, 5 - wild and may charge)

Are the pulse rate, respiratory rate and temperature within a normal range:

Comments: Yes No

Do both eyes appear normal: Yes No

Does the coat appear normal: Yes No

Overall condition score: 1 2 3 4 5 (1 – poor, 5 – fat)

Does this animal manifest any indication of lameness or faulty conformation in any of its legs/feet including long toes, explain: Yes No

Has any surgery or procedure requiring local or general anesthetic been performed on this animal? Yes No

If so, give details, date of surgery, recovery information and whether any likelihood of future complications to reproductive ability or general health will result from such operation:

Does this animal have current vaccinations for Blackleg, IBR, BVD & Heamophilus:
Comments: Yes No

In the past 12 months has this animal been treated for endo or ectoparasites (deworming):
Date and product used: Yes No

Have any cases of bloat or grain overload been treated for this herd in the last 12 months: Yes No

To your knowledge has any reportable disease been diagnosed in your county, municipality or region in the past 12 months, if so, indicate date, area and disease: Yes 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

Has this pregnant animal been vaccinated for scours:

Date and product used:

Yes No

Is this cow examined yearly:

Yes No

MALES

Has this breeding bull been evaluated yearly:

Yes No

Has this breeding bull been vaccinated for Foot Rot:

Date and product used:

Yes No

Are the testicles uniform and normal?

Yes No

Is the scrotum shape normal and correct size for age? Scrotal Circumference _____

Yes No

Was this animal Trychomoniasis tested?

Yes No

If Semen Evaluation was done, was there protrusion?

Yes No

Did the penis appear normal and healthy?

Yes No

Would he classify as a Satisfactory breeder?

If not explain:

Yes No

I have examined the reproductive organs of the above noted animal and found them to be properly developed for the age of the animal and without abnormality.

Comments:

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.