



Canadian Farm  
Insurance Corp.

#375, 13220 St. Albert Trail  
Edmonton AB, T5L 4W1  
Ph: (780) 447-3276 Fx: (780) 732-3607  
Toll Free: 1-877-909-3276

Agent:

**ALL RISK MORTALITY**  
**CANINE 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:  Yes  No  
Is there a current Health program for this Farm or Individual:  Yes  No  
How often does a veterinarian attend this farm or individual yearly:  less than 5  5 to 10  more than 10

Sex*	Breed	Registered Name of Animal	Reg. No./Tattoo/ Microchip	Use

Birth Date	Date of Purchase	Purchase Value	Insured Value

Was this animal examined:  In clinic  On farm Other: \_\_\_\_\_ **Check one only:**

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

Are the pulse rate, respiratory rate and temperature within a normal range:  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, hips, or shoulders, 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: Comments:  Yes  No

In the past 12 months has this animal been treated for endo or ectoparasites (deworming):  
Date and product used:  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

<b>AS REGARDS BREEDING ANIMALS:</b>	
<b>FEMALES</b>	
Is this female animal pregnant:	
If so, state expected due date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Symptoms detrimental to satisfactory breeding/delivery:	
Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this pregnant animal been vaccinated:	
Date and product used:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this female examined yearly:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MALES</b>	
Has this breeding male been evaluated yearly:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this breeding male had successful recorded matings in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this breeding male been shown in any capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Housing ie: pasture, corral, kennel (steel or wood): \_\_\_\_\_

Type of Shelter ie: open faced shed, barn, trees, enclosed kennel: \_\_\_\_\_

I found above noted housing 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.**