



# VETERINARY CERTIFICATE

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<b>AGENT STAMP / CONTACT INFO</b>
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<b>CLIENT'S NAME – FARM OR INDIVIDUAL:</b>	<b>DATE OF EXAMINATION:</b>		
<b>ATTENDING VETERINARIAN:</b>  Veterinary Clinic Phone Number Email	<b>LOT #</b>	<b>ENTIRE TATTOO / RFID #</b>	
	<b>SEX</b>	<b>BREED</b>	<b>BIRTHDATE</b>
	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 times <input type="checkbox"/> 5 to 10 times <input type="checkbox"/> more than 10 times		

**INSTRUCTIONS TO EXAMINING VETERINARIAN:** An adequate history, including the possibility of an accident, illness or disease or surgical operations (e.g. dehorning), must be recorded below. It is required that each animal shall be examined outside the stall and that it be made to move about to demonstrate freedom from lameness. A physical examination of each individual, including temperature, pulse rate and respiratory rate, must be performed. Further tests or specialized diagnostic procedures may be requested by the Insurance Company.

<b><u>A. Environment</u></b> 1. Where was this animal examined: <input type="checkbox"/> In clinic <input type="checkbox"/> On farm <input type="checkbox"/> Other: _____ 2. Type of Housing or Shelter? ie: pasture, corral (steel or wood), open faced shed, barn, trees _____ 3. To your knowledge, has any reportable disease been diagnosed in your county, municipality or region in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, indicate date, area and disease: _____ 4. Have any cases of bloat or grain over-load been treated in this herd in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>B. Physical Examination</u></b> <b>Body Condition Score:</b> (A score of 1 is very thin, a score of 5 is very fat) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <b>Docity Score:</b> (A score of 1 is very quiet, a score of 5 is wild and may charge) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 5. Are the temperature, pulse rate and respiratory rate within the normal range? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Do the eyes appear normal? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Does the coat appear normal? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Does this animal manifest any lameness or faulty confirmation in any of its feet or legs, including long toes? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Has any surgery or procedure requiring local or general anesthetic been performed on this animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details (date of surgery, recovery, likelihood of further complications to reproductive abilities or general health). _____ 10. Does this animal have current vaccinations for Blackleg, Footrot, IBR, BVD and Haemophilus? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. In the past 12 months, has this animal been treated for endo or ectoparasites (deworming)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>C. Female Reproduction</u></b> 12. Is this cow examined yearly? <input type="checkbox"/> Yes <input type="checkbox"/> No 13. Are the reproductive organs found to be properly developed for the age of the animal and without abnormality? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please give details: _____ 14. Is this cow pregnant? If yes, state expected due date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 15. Symptoms detrimental to satisfactory breeding / delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ 16. Has this pregnant animal been vaccinated for Scours? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>or <u>Male Reproduction</u></b> 17. Is this bull examined yearly? <input type="checkbox"/> Yes <input type="checkbox"/> No 18. Was this animal Trychomoniasis tested? <input type="checkbox"/> Yes <input type="checkbox"/> No 19. <input type="checkbox"/> All items below are normal and properly developed for the age of the animal unless otherwise indicated. <input type="checkbox"/> Accessory Sex Glands <input type="checkbox"/> Inguinal Rings <input type="checkbox"/> Penis <input type="checkbox"/> Prepuce <input type="checkbox"/> Scrotum <input type="checkbox"/> Scrotal Shape <input type="checkbox"/> Testicles <input type="checkbox"/> Epididymides 20. Scrotal Circumference: _____ (cm) <input type="checkbox"/> Above Average <input type="checkbox"/> Average +/- 1cm <input type="checkbox"/> Below Average <input type="checkbox"/> Below Minimum	
<b><u>D. Further Comments and Observations</u></b>   	

I hereby certify that I have 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 Signature**  
 Veterinary Certificates must be received by Canadian Farm Insurance Corp. within 30 days of the Examination

\_\_\_\_\_  
**Date of Signature**