



#205, 101 Riel Drive
 St. Albert AB, T8N 3X4
 Phone 780-447-3276
 Fax 780-733-7724

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: Yes No

How often does a veterinarian attend this farm or individual yearly: less than 5 5 to 10 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: In clinic On farm Other: _____

Check one only:

Heart Auscultated and normal Yes No

Are the pulse rate, respiratory rate and temperature within a normal range pre and post exercise: Yes No

Do both eyes appear normal: Yes No

History or evidence of bleeder: _____

Does this animal manifest any indication of lameness, laminitis, or faulty conformation

Explain: Yes No

Any indication of infection or disease: Yes No

Any history of colic or digestive disorders: Yes No

Any noticeable scars/ bumps, swellings or evidence of firing/ blistering: Yes No

Describe: _____

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: Yes No

Does this animal have current vaccinations for Tetanus, Influenza, Rhino, West Nile, Sleeping Sickness, other:
 Dates Including Boosters: Yes No

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

Date and product used: Yes No

Does a Farrier attend this animal regularly & how often: 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

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.