VET EXAM   Printable Form

Roger Peters Livestock Insurer Inc.: Box 219 - South Sioux City, Nebraska 68776
WATTS: 1-800-228-8664 - FAX: 402-494-8810

SUPPLEMENTAL INFORMATION RELATING TO SUBSTANTIATION OF INSURANCE VALUE REQUESTED

BREEDING STALLION INFORMATION				BROODMARE INFORMATION	
Current Stud Fee	# of Mares Booked	Date Last Bred	Total # of Foals	Sale Price of Foals Sold	Current Price & Stud Fee
A.					
B.					

SHOW HORSE INFO

A.	PLEASE PROVIDE INFORMATION ON SEPARATE SHEET OF PAPER
B.	$ Earned, titles, standings, All other accomplishments.

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE

Horses being examined for insurance should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining Veterinarian to the best of his/her ability as a licensed Veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

IMPORTANT
ANY HORSE THAT HAS BEEN NERVED AT OR ABOVE THE FELTLOCK IS NOT INSURABLE

I _____ D.V.M. do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____ and that I have examined this day, the following listed animal(s):

A _____ B _____

	Yes No		Yes No		Yes No
Pulse and respiration normal?	___ ___	History or evidence of bleeder?	___ ___	If mare, is she reported in foal?	___ ___
Temperature normal?	___ ___	History or evidence of nerving?	___ ___	If male, are both testicles evident?	___ ___
Eyes auscluated?	___ ___	Has horse been castrated?	___ ___	Any evidence of laminitis?	___ ___
Heart auscluated?	── ──	Has any surgery been preformed?	── ──	Any Vicious or objectionable habits?	── ──

If surgery has been performed, describe procedure, state of recovery and likelihood of future problems resulting from surgery
_____

Is animal subject to or has previous history of intestinal attacks? (colic)? ☐ Yes ☐ No _____

Any lamensee of faulty conformation or other abnormal conditions? ☐ Yes ☐ No _____

IGg test results on foals under 91 days old. Results:
_____

Coggins Test required to provide swamp fever coverage: Date _____ Results _____

DO NOT HOLD THIS APPLICATION AWAITING COGGINS RESULTS.

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company or any reason why the animal should not insured?

Additional Comments:	Signature of Veterinarian:
	D.V.M.
	Address:
Office Phone #:	Date & Time:

VETERINARY CERTIFICATES ARE NOT ACCEPTABLE UNLESS COMPLETED WITHIN 15 DAYS PRIOR TO BEING RECEIVED BY AGENT.