SUBSTANTIATION FOR INSURANCE VALUES

AMOUNTS OTHER THAN THE PURCHASE PRICE ARE SUBJECT TO ACCEPTANCE BY THE COMPANY FOR CONSIDERATION OF INCREASE AND/OR STATED VALUES. Please indicate below each animal's records (if any) of **Show** (class points), **Racing** (wins earned), **Sires** (stallion), and **Produce** (mares). Also include details of prize winnings, stud fees, value of progeny (full brother-sister) sold-raced-shown, additional cash investments, and other pertinent data relating to value (attach additional sheets as required):

Name Information

(1) _____

_____

_____

(2) _____

_____

_____

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE

(Not necessary for Specified Perils Coverage – F.L.T.)

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 ability as a licensed veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

I, _____, 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 this day examined:

1. Name _____ Age _____ Color _____ Sex _____ Breed _____

2. Name _____ Age _____ Color _____ Sex _____ Breed _____

Owned by _____ Name _____ Address _____ Zip _____

	Yes	No		Yes	No
Pulse and respiration normal?	☐	☐	History of colic?	☐	☐
Temperature normal?	☐	☐	History or evidence of nerving?	☐	☐
Eyes clinically normal?	☐	☐	Has horse been castrated?	☐	☐
Heart auscultated?	☐	☐	Has any surgery been performed on the horse?	☐	☐
History or evidence of bleeder?	☐	☐	If mare, is she reported in foal?	☐	☐
History of laminitis / founder?	☐	☐	If male, are both testicles evident?	☐	☐

Date last wormed _____ How often wormed? _____

If any surgery has been performed, describe type of surgery and date _____

_____

If surgery has been performed, has horse fully recovered? _____

_____

Is there any likelihood of future danger to life or limb as a result of such surgery? _____

_____

Any lameness or faulty conformation or other abnormal conditions? _____

Is the stabling adequate? _____ Is there evidence of vices or objectionable habits? _____

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company? _____

_____

Are you the regular veterinarian for this horse or client? _____

EXCEPT AS NOTED ABOVE, I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE HORSE IS, EXCEPT AS NOTED, SOUND.

Remarks _____

_____

_____

Signed _____ Veterinarian Date of Exam _____

Address _____ Phone Number Including Area Code ( ) _____

(6/00)