



P.O. Box 28, Newton, NC 28658 • (877) 457-7734

Veterinarian Examination Form

Agent Name: _____	Address: _____
Telephone Number: _____	_____

Horse(s) owned by: _____

Horses examined:				
1) Name: _____	Age: _____	Sex: _____	Breed: _____	Use: _____
2) Name: _____	Age: _____	Sex: _____	Breed: _____	Use: _____
3) Name: _____	Age: _____	Sex: _____	Breed: _____	Use: _____

To the best of your knowledge, are there now or have there ever been any:

	Horse #1	Horse #2	Horse #3
--	----------	----------	----------

- | | | | |
|--|-------|-------|-------|
| a) pulse, respiration or temperature abnormalities? | _____ | _____ | _____ |
| b) eyes or vision defects? | _____ | _____ | _____ |
| c) heart defects or heart murmurs? | _____ | _____ | _____ |
| d) bleeding, nerving, firing or blistering? | _____ | _____ | _____ |
| e) gastrointestinal disorders or colic incidents? | _____ | _____ | _____ |
| f) operations performed? | _____ | _____ | _____ |
| g) lameness or unsoundness of limbs? | _____ | _____ | _____ |
| h) conformation faults? | _____ | _____ | _____ |
| i) vices or objectionable habits? | _____ | _____ | _____ |
| j) indications of contagious disease on the premises or in the area? | _____ | _____ | _____ |
| k) medical facts affecting life, health or use? | _____ | _____ | _____ |
| l) dangers to life or limb related to an illness, injury or disease? | _____ | _____ | _____ |

Additional questions:

- | | | | |
|--|-------|-------|-------|
| m) If female, is she in foal? (provide due date) | _____ | _____ | _____ |
| n) If female, any breeding or foaling problems? | _____ | _____ | _____ |
| o) If male, has he been gelded? | _____ | _____ | _____ |
| p) If male, any problems with testicles? | _____ | _____ | _____ |

Questions for foals under 30 days (not examined before 24 hours):

- | | | | |
|--|-------|-------|-------|
| q) Were there any foaling complications? | _____ | _____ | _____ |
| r) Is the foal an orphan? | _____ | _____ | _____ |
| s) Has the foal received any medication? | _____ | _____ | _____ |
| t) Is CBC normal? | _____ | _____ | _____ |
| u) IgG level – provide measurement | _____ | _____ | _____ |

Please explain any 'yes' answers, including dates and treatment given. Also, advise how any operation, illness, injury or disease will affect the life, health or use of the animal: _____

I have examined the horse(s) named above, at rest and while in motion.

Veterinarian's Signature: X _____

Date of Exam: _____
Time of Exam: _____

Veterinarian's Name: _____
Address: _____
Telephone Number (_____) _____ Facsimile Number (_____) _____

COVERAGE IS BOUND ONLY WHEN A BINDER HAS BEEN ISSUED BY THE COMPANY.

*****RETURN THIS COMPLETED FORM TO THE INSURANCE AGENT.***
PLEASE DO NOT MAIL DIRECTLY TO BERKLEY EQUINE & CATTLE.**