

**ANTHONY CECIL INSURANCE INC**  
**2365 HARRODSBURG RD STE B220**  
**LEXINGTON KY 40504**  
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**E-MAIL: acecil@anthonycecil.com**

**VETERINARIAN'S STATEMENT OF EXAMINATION FOR MORTALITY INSURANCE**

The purpose of this examination is to identify and examine the involved horse in accordance with this Certificate, and to report to the company any medical facts known to you and/or obtained by you in the examination. Horses should be examined in motion.

I, \_\_\_\_\_ do hereby certify that I am a veterinarian specializing in Equine Practice, holding a current license to practice medicine in the state of \_\_\_\_\_ and have this day examined:

Name \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_

Markings/Tattoo # \_\_\_\_\_

Owned by: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Pulse and respiration normal?	Yes ( ) No ( )	History or evidence of nerving?	Yes ( ) No ( )
Temperature normal?	Yes ( ) No ( )	Has horse been castrated?	Yes ( ) No ( )
Eyes clinically normal?	Yes ( ) No ( )	Any evidence of other surgery?	Yes ( ) No ( )
Heart auscultated?	Yes ( ) No ( )	If mare, is she reported in foal?	Yes ( ) No ( )
History or evidence of bleeder?	Yes ( ) No ( )	If male, are both testicles evident?	Yes ( ) No ( )
Vaccinated against WEST NILE VIRUS?	Yes ( ) No ( )	If male, are genitalia of normal size and consistency for a horse	
Has horse ever had colic surgery?	Yes ( ) No ( )	of this age and breed?	Yes ( ) No ( )
Any history or evidence of laminitis?	Yes ( ) No ( )		

If any surgery has been performed, describe type of surgery and give date of surgery \_\_\_\_\_

If surgery has been performed, has horse clinically recovered? \_\_\_\_\_

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

Any clinical evidence of lameness, faulty conformation (angular, flexural, laxity), joint swelling or localized limb edema, or other abnormal conditions? If yes, give details \_\_\_\_\_

Is the stabling adequate? \_\_\_\_\_

In your opinion or to your knowledge, are there any additional medical facts that should be brought to the attention of the Company? If yes, give details, including date(s) \_\_\_\_\_

Is there evidence of vices or objectionable habits? \_\_\_\_\_

Are there currently any contagious diseases on the owner's farm? Give details \_\_\_\_\_

Has official E.I.A. Test been run: \_\_\_\_\_ Date? \_\_\_\_\_ Lab No. \_\_\_\_\_ Result \_\_\_\_\_

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**ADDITIONAL FOR FOALS 24 HOURS TO 30 DAYS:**

Was birth normal with no complications? Yes ( ) No ( ) Date & Time of Birth \_\_\_\_\_

Was foal born premature/dysmature? Yes ( ) No ( ) Any flexural deformities? Yes ( ) No ( )

Did foal stand and nurse normally? Yes ( ) No ( ) Does foal have patent urachus? Yes ( ) No ( )

Is umbilicus dry and normal? Yes ( ) No ( ) Is there evidence of a hernia (umbilical/inguinal)? \_\_\_\_\_

IgG Reading(s) and Date(s) taken \_\_\_\_\_ White Blood Count & date taken \_\_\_\_\_

Has foal received any medication, plasma or colostrum supplement? \_\_\_\_\_ If yes, give date(s) \_\_\_\_\_

Is foal presently on any medications, including antibiotics? Yes ( ) No ( ) Are they prophylactic or therapeutic treatment? \_\_\_\_\_

What antibiotic is being administered and how long will it be administered? \_\_\_\_\_

Is there any history or evidence of rib fracture(s) \_\_\_\_\_ If yes, how many ribs are fractured? \_\_\_\_\_

Does foal show any signs of Nocardioform Placentitis? \_\_\_\_\_ If yes, explain \_\_\_\_\_

***This certificate has been completed by the examining veterinarian to the best of his or her ability as a licensed veterinarian.***

\_\_\_\_\_  
Date and Time of Examination

\_\_\_\_\_  
Veterinarian's Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Veterinarian's Address