

Veterinary Certificate of Examination

Named Insured: _____ Policy Number (if existing policy) _____

The horse being examined should be moved about outside of the stall to demonstrate soundness of limb and freedom of movement. Carefully observation should be made as to housing conditions and the presence of contagious disease. Please request additional form for permanent disability coverage.

TO THE VETERINARIAN: Horses with a history of colic founder or nerving may not be insurable. If there is evidence or knowledge of these problems, please provide all details. I, _____, do certify that I am a graduate Veterinarian holding a current license to practice in _____ (indicate state) and that I have this date and time examined:

| Horse # | Name & Tattoo Or Reg. No. | Breed | Age | Color | Sex | Sire/Dam |
|---------|---------------------------|-------|-----|-------|-----|----------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

Owned by: _____ Location of animal(s): _____

| | Indicate Horse Number(s) | | | Indicate Horse Number(s) | |
|---|--------------------------|-------|---|--------------------------|-------|
| | Yes | No | | Yes | No |
| 1. Pulse & respiration normal? | _____ | _____ | 13. Any conditions detrimental to satisfactory breeding? | _____ | _____ |
| 2. Temperature normal? | _____ | _____ | 14. Ever been tested/treated for EPM? If yes, Date: _____ Results: _____ | _____ | _____ |
| 3. Eyes clinically normal? | _____ | _____ | 15. Any episodes related to HYPP? | _____ | _____ |
| 4. Heart auscultator & found normal? | _____ | _____ | 16. Any indication of infectious disease? | _____ | _____ |
| 5. History or evidence of bleeder? | _____ | _____ | 17. Contagious disease on premises or in neighborhood? | _____ | _____ |
| 6. History of evidence of nerving? | _____ | _____ | 18. Any clinical evidence of objectionable vices or habits? | _____ | _____ |
| 7. Ever been treated for navicular disease/arthritis/laminitis or founder? | _____ | _____ | 19. Is the stabling and/or fencing adequate? | _____ | _____ |
| 8. Any indication or history of lameness and/or faulty conformation? | _____ | _____ | 20. Are you the usual Veterinarian? | _____ | _____ |
| 9. Any diagnostic procedures, including ultrasounds, x-rays, bone, scars, etc... | _____ | _____ | 21. Have you discussed the horse's health history with the owner or caretaker? | _____ | _____ |
| 10. Are any preventative treatment(s) / supplements used including, intra-muscular and/or intravenous? If yes, give details: _____ | _____ | _____ | 22. Has a complete pre-purchase or soundness exam been performed within the past 90 days? | _____ | _____ |
| 11. Are any inter-articular injections used? If yes, give details: _____ | _____ | _____ | | | |
| 12. Evidence of firing or blistering? | _____ | _____ | | | |

| | Indicate Horse Number(s) | | | Indicate Horse Number(s) | | |
|---|--------------------------|-------|--|--|-------|-------|
| | Yes | No | | Yes | No | |
| 23. To your knowledge, have any of these horses suffered an accident, sickness, or disease, had any veterinary treatment (apart from preventative inoculations) or have been unsound in any way? <i>If yes, please provide details on separate sheet.</i> | _____ | _____ | <p align="center">For foals 24 hours to 90 days of age, you must also complete the following questions.</p> | 30. Was birth normal with no complications? If no, attach details on separate page. | _____ | _____ |
| 24. Subject to any historic gastro intestinal/digestive disorders? | _____ | _____ | | 31. Date and time of birth: | _____ | _____ |
| 25. a) Has any surgery been performed: b) If yes, has horse fully recovered? If yes, attach details on separate page. | _____ | _____ | | 32. Normal urination & bowel movement? | _____ | _____ |
| 26. Is there likelihood of future danger to life or limb as a result of such surgery? | _____ | _____ | | 33. Has foal received any medication? | _____ | _____ |
| 27. If male, are both testicles evident? | _____ | _____ | | 34. Is Igg/CBC normal on this date? | _____ | _____ |
| 28. Has horse been castrated? | _____ | _____ | | | | |
| 29. a. If Female, is she reported in foal? b. If in foal, give due date: _____ | _____ | _____ | | | | |

Give complete details in regard to any of the above questions that might have a bearing on the health or conformation or soundness of this horse: _____

Are any of these horses receiving any medication? If so, give details: _____

In addition, are there any other medical facts that you feel should be brought to the attention of the company? _____

Except as noted above, I certify that to the best of my knowledge and belief that the horse(s) is/are healthy and insurable sound.

Signature: _____ Phone Number: _____ Fax Number: _____

Address: _____ Date & Time of Exam: _____

This certificate must be received by the Company within 30 days of the exam date and/or prior to renewal.

Please note the owner/agent is responsible for mailing this form to the Insurance Company.

Sypolt Insurance Services, Inc.
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