

Shadle Insurance



(888) 821-7629

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Paso Robles, CA 93446
(888) 821-7629
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www.shadleinsurance.biz

Coverage provide through:



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 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 of veterinarian holding a current license as such to practice in the State of _____ and that I have this day examined:

Name	Date of Birth	Color	Sex	Breed
Owned by: _____				
name	address	zip		
Pulse & respiration normal?	Yes no	History of colic?	Yes no	
Temperature normal ?	yes no	History or evidence of nerving?	yes no	
Eyes clinically normal?	Yes no	Has horse been castrated?	yes no	
Heart auscultated?	Yes no	Has any surgery been performed?	Yes no	
History or evidence of bleeder?	Yes no	If mare, is she reported in foal?	Yes no	
History of laminitis/founder?	Yes no	If male, are both testicles evident?	Yes no	
IGG Level on foals under 30 days _____				

Date last wormed _____ How often wormed? _____

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

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

Any lameness or faulty conformation of 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 _____ Date of Exam _____ Phone () - _____

Address _____