



608 Virginia Street East, Suite 302
 Charleston, WV 25301
 Phone: (304) 346-1198
 Fax: (304) 345-3535

VETERINARIAN EXAMINATION FORM

Horse(s) owned by: _____

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

Please answer "Yes" or "No" to the following questions.

Horse #1

Horse #2

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

- 1) pulse, respiration or temperature abnormalities? _____
- 2) eyes or vision defects? _____
- 3) heart defects or heart murmurs? _____
- 4) bleeding, nerving, firing or blistering? _____
- 5) gastrointestinal disorders or colic incidents? _____
- 6) operations performed? _____
- 7) lameness or unsoundness of limbs? _____
- 8) conformation faults? _____
- 9) vices or objectionable habits? _____
- 10) indications of contagious disease on the premises or in the area? _____
- 11) medical facts affecting life, health or use? _____
- 12) dangers to life or limb related to an illness, injury or disease? _____

Additional questions:

- 13) If female, is she in foal? (provide due date) _____
- 14) If female, any breeding or foaling problems? _____
- 15) If male, has he been gelded? _____
- 16) If male, any problems with testicles? _____

Questions for foals under 31 days (not examined before 24 hours):

- 17) Date and time of birth: **Horse #1** _____ **Horse #2** _____
- 18) Were there any foaling complications? _____
- 19) Was urination or bowel movement abnormal? _____
- 20) Is the foal an orphan? _____
- 21) Has the foal received any medication? _____
- 22) Is CBC normal? _____
- 23) IgG level – provide measurement _____

Please explain any "Yes" answers, including dates and treatment given. Also advise how any operation, illness 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.

Date of Exam: _____

Veterinarian's Signature: _____

Time of Exam: _____

Veterinarian's Name: _____
Address: _____
Telephone Number: _____ Fax Number: _____

COVERAGE IS BOUND ONLY WHEN A BINDER HAS BEEN ISSUED BY EQUIDAE INSURANCE