



JERRY PARKS EQUINE INSURANCE, INC.
PARKS INSURANCE CORPORATION

901 SW 60th Ave.
P.O. Box 770788
Ocala, FL 34477-0788
Telephone 352 237 2164
Fax 352 873-0888

VETERINARY CERTIFICATE FOR MORTALITY INSURANCE

Horses being examined for insurance should be moved 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 above address without delay.

I, _____ do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the state of _____ and that I have this day examined:

Name _____ (USE NEXT PAGE FOR MORE THAN ONE) AGE _____ COLOR _____ SEX _____ BREED _____

Sire _____ Dam _____

Markings or tattoo number _____

Owned by _____ Address _____

Pulse and respiration normal? Yes [] No [] Bleeder? Yes [] No []
Temperature normal? Yes [] No [] Chronic colicker? Yes [] No []
Eyes appear normal? Yes [] No [] Has horse been nerved? Yes [] No []
Heart Auscultated? Yes [] No [] Has horse been castrated? Yes [] No []
Has any other surgery been performed on the horse? Yes [] No []

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

If surgery has been performed, has horse fully recovered? _____

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

Any lameness or faulty conformation or other abnormal conditions? _____

Indicate any medical condition that, in your opinion, endangers the life of this animal _____

Is the stabling adequate? _____

Any contagious or infectious disease present? _____

Except as noted above, I hereby certify that, to the best of my knowledge and belief, the horse is in sound and healthy condition.

Signed _____

Date of examination _____ Address _____

The following Pregnancy Certificate is to be completed for Prospective Foal Insurance ONLY.

PREGNANCY CERTIFICATE

I have this day performed a manual examination on the mare listed above, and I have followed the customary standard veterinary clinical procedures in performing this examination. Based upon my findings from this examination, it is my opinion:

- 1. That said mare is in foal; and
2. That said mare is not carrying twins, but this cannot be determined with absolute certainty by the examination performed by me.
3. That said mare is barren.

Remarks: _____

Signed _____

Date of examination _____ Address _____

Name

Age

Color

Sex

Sire

Dam

Fold on Line