



JERRY PARKS EQUINE INSURANCE, INC.
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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 of this age and breed? Yes () No ()
Has horse ever had colic surgery? 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 _____

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? _____

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 _____