

FOAL VETERINARY CERTIFICATE FOR MORTALITY INSURANCE

For horses aged between 24 hours and 45 days only



Owner and Address (if known) _____

Animal presented as _____

If Animal Unnamed: Sire _____ Dam: _____

Colour: _____ Age: _____ (days) Sex: _____

Person requesting examination: _____

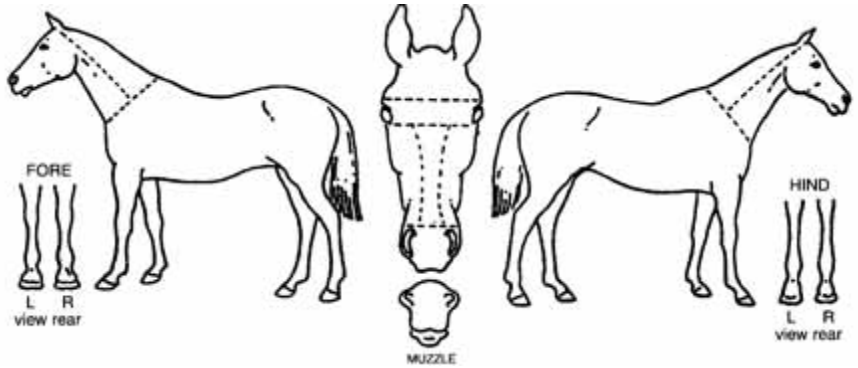
Place of examination: _____

Do you normally attend this property? Yes No

Draw Markings:

Mark whorls as X,

Scars as →



Section 1

1. Is the foal's appearance and behavior consistent with normal gestation and parturition? _____ Yes No
2. Does the mare allow the foal to nurse without being restrained? _____ Yes No
3. Is the foal able to get up and down and nurse on its own? _____ Yes No
4. Does the foal show clinical evidence of colic? _____ Yes No
5. Has milk been observed at the nostrils following suckling? _____ Yes No
6. Is severe parrot mouth present? _____ Yes No
7. Is there evidence of congenital cataracts or other abnormalities of the eyes? _____ Yes No
8. Does the foal have significant flexor or angular limb deformities? _____ Yes No
9. Is there evidence of rib fracture? _____ Yes No
10. Is the umbilicus dry and normal? _____ Yes No
11. Does the foal have a patent urachus? _____ Yes No
12. Is there evidence of umbilical or inguinal hernia? _____ Yes No
13. Is there clinical evidence of diarrhoea? _____ Yes No
14. Is there clinical evidence of retained meconium? _____ Yes No
15. Is the heart normal on auscultation? _____ Yes No
16. Are the lungs normal on auscultation? _____ Yes No
17. Is the gastro-intestinal tract normal on auscultation? _____ Yes No
18. Is there clinical evidence of ataxia or lameness? _____ Yes No
19. Is the temperature normal? _____ Yes No
20. Is the pulse rate normal? _____ Yes No
21. Is the respiratory rate normal? _____ Yes No
22. Has a haemogram been performed? _____ Yes No
23. If yes to 22 above, are all readings within normal limits? _____ Yes No

Except as noted, I certify that to the best of my knowledge and belief this foal is healthy and sound and in my opinion is a suitable candidate for mortality insurance.

Section 2

1. What medication has the foal received post partum? _____

2. IgG Test. Where multiple tests have been done, dates, times and results of all tests must be recorded.

| Time after birth | Level | Performed by Stud/Lab/Vet |
|------------------|-------|---------------------------|
| | | |
| | | |
| | | |

3. Has a colostrum supplement been given to the foal and if so, when? _____

4. Has plasma been given to the foal and if so, when? _____

5. Is a nurse mare being used for this foal and if so, has the nurse mare accepted the foal? _____

Date and time of examination: _____

Signed: _____

Veterinary Surgeon (print): _____

Date: _____ Time: _____

Practice Name, address, telephone no: