

Shadle Insurance



(888) 821-7629

209 Oak Hill Road Suite 111
Paso Robles, CA 93446
(888) 821-7629
fax (888) 821-0266
www.shadleinsurance.biz

Coverage provide through:



Equine Division

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 _____