



**LAUREL FOWLER**  
INSURANCE BROKER INC.

**YOUR MANE INSURANCE SOURCE**

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**VETERINARIAN CERTIFICATE OF EXAM - HORSES**

NAME OF INSURED	POLICY NUMBER
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NAME OF HORSE	BREED	AGE	SEX
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*The following questions must be answered by a licensed Veterinarian:*  
Name of licensed Veterinarian completing this form:

Pulse and respiration normal?  Yes  No      Heart auscultated and found normal?  Yes  No  
 Temperature normal?  Yes  No      Is the stabling adequate?  Yes  No  
 Eyes clinically normal?  Yes  No

If "no" was answered to any of the above questions, please provide details:

History or evidence of a bleeder?  Yes  No      History or evidence of nerving?  Yes  No  
 Any evidence of laminitis?  Yes  No      Any signs of founder?  Yes  No  
 Any indication of infection or disease?  Yes  No      Any symptoms detrimental to  
 Any indication of lameness?  Yes  No           satisfactory breeding?  Yes  No  
 Evidence of firing or blistering?  Yes  No      Contagious disease on premises or  
 Any digestive disorder past or present?  Yes  No           in neighborhood?  Yes  No  
 Subject to or previous colic history?  Yes  No  
 Is there evidence of vices or Objectionable habits?  Yes  No

If "yes" was answered to any of the above questions, please provide details:

Has horse ever had surgery?  Yes  No  
 If yes, please provide type of surgery, date, and whether or not horse has fully recovered:

Is there any likelihood of future danger to life or limb as a result of this surgery?  Yes  No  
 If yes, please explain:

**Male horses:** Are both testicles evident?  Yes  No      Castrated?  Yes  No  
**Female horses:** Is the mare in foal?  Yes  No      If yes, what is approximate due date?

**Foals less than 31 days old:** IGG level:  
 If a fecal exam was performed in the last 30 days, please provide results:  
 Date horse was last wormed and method used:  
 Any faulty conformation or other abnormal conditions?  Yes  No  
 If yes, please explain:

In your opinion, or to your knowledge, are there any medical facts that should be brought to the attention of the insurance company?

Remarks:

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

**Signature of Veterinarian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Telephone number to contact you with any questions: \_\_\_\_\_