

LLOYD'S EQUINE INSURANCE VETERINARY CERTIFICATE OF HEALTH
(For horses over 45 days of age)

The HORSE being examined should be moved outside of the stall to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and the presence of contagious or infectious diseases or other issues relevant to the health/wellbeing of the HORSE.

Qualified VETERINARY SURGEON _____ Address _____

Telephone _____

Name of Practice _____

Owner/INSURED _____ at (farm) _____

Name of HORSE _____ Sex _____ Age _____ Colour _____

Breed _____ Use _____ Sire _____ Dam _____

Microchip No. _____ *(per passport/per examination) *delete as appropriate.

Instructions to Examining VETERINARY SURGEON completing this form. Please read the following statements and declaration in Section 1 before completing Section 2. Your signature at the bottom of this page also constitutes your agreement with the declaration in Section 1.

Section 1

- | | |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 1. The pulse and respiration are normal. | 15. If female, no external symptoms detrimental to normal breeding. |
| 2. The temperature is normal. | 16. No history or evidence of lameness. |
| 3. The eyes are clinically normal. | 17. No history or evidence of firing or blistering. |
| 4. The heart was auscultated and found normal. | 18. The stabling is adequate. |
| 5. No history or evidence of being a bleeder while racing. | 19. There is no contagious or infectious disease on premises or neighbourhood. |
| 6. No history or evidence of nerving. | 20. If foal, birth was normal with no complications. |
| 7. No history or evidence of laminitis. | 21. HORSE has received no medication in past year other than routine. |
| 8. No surgery has ever been performed. | 22. No conformational abnormalities that would interfere with the HORSE'S intended use or could lead to life threatening problems. |
| 9. No digestive disorder past or present. | 23. No early signs or indications of ataxia. |
| 10. No previous history of colic. | |
| 11. HORSE appears in good health. | |
| 12. No indication of infection or disease. | |
| 13. If male, HORSE is not believed to be cryptorchid. | |
| 14. If male, both testicles evident and palpate normally | |

I declare (to the best of my professional knowledge) that the statements listed above are correct in respect of the subject HORSE with the exception of those listed below (please give full details):
Incorrect statement numbers and comments:

Statement	

Section 2

- | | |
|--------------------------------------------------------|-------|
| 1. Date of Coggins test. | _____ |
| 2. Please list diseases currently inoculated against. | _____ |
| 3. If female, is she reported in foal? | _____ |
| 4. If so, what is her last breeding date? | _____ |
| 5. What was the last worming date of the HORSE? | _____ |
| 6. Are you the usual VETERINARY SURGEON for the HORSE? | _____ |

PLEASE USE THE BACK OF THE PAGE IF YOU NEED TO EXPAND ON ANYTHING IN EITHER SECTION 1 OR 2 OR ANY OTHER ISSUES THAT YOU FEEL ARE RELEVANT TO THE HEALTH OR ENVIRONMENT OF THE HORSE.

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

Date and time of examination: _____ VETERINARY SURGEON _____
Signature