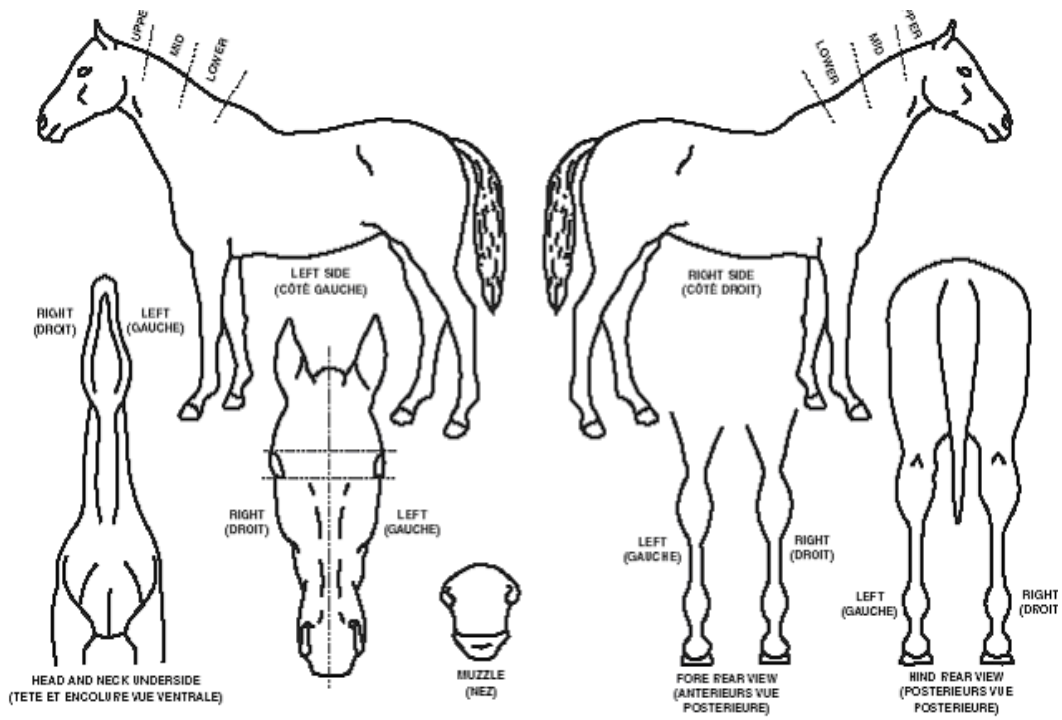


FOAL VETERINARY CERTIFICATE FOR MORTALITY INSURANCE For horses aged between 24 hours and 45 days

This is to certify that at the request of	
I have examined the foal described below at (place of examination)	
On (date & time)	

MICROCHIP NUMBER TO BE PROVIDED OR MARKINGS TO BE COMPLETED IF NOT MICROCHIPPED

SIRE
DAM
BREED OR TYPE
SEX
COLOUR
MICROCHIP NO.
DATE & TIME OF BIRTH



PART 1			
VETERINARY DECLARATION At the time of my examination, it was my opinion that:		Agree	Disagree
FOALS UNDER 8 DAYS:			
Meconium has been or reported by attending staff/owner to have been passed normally			
The foal's appearance & behaviour is consistent with normal gestation & parturition			
There is no physical evidence of rib fracture(s)			
IgG Reading:	No. of Samples taken:	Date & Time:	
ALL FOALS:			
The foal is currently showing no signs of colic			
There is no evidence of a cleft palate			
There is no evidence of cataract or other eye abnormalities			
The foal has no clinically significant flexural or angular limb deformities			
The umbilicus is dry and showing no sign of infection or herniation			
There is no evidence of inguinal hernia			
There is no evidence of diarrhoea			
On auscultation, no abnormality of heart, lung and gastro-intestinal tract was detected			
The foal moves without signs of lameness and/or ataxia			
Has a haemogram including inflammatory markers (WBC, RBC, fibrinogen and/or SAA) been performed and if so are the results within normal foal limits?		Yes	No

If no, give details: _____

Are the haemogram results attached to this form?	Yes	No
The foal's rectal temperature was: _____ (°C)		
The foal's heart rate was: _____	Normal/abnormal	The foal's respiratory rate was: _____
Normal/abnormal		

Other defects, signs of injury & functionally significant, abnormalities of conformation or behaviour observed and clarification on above findings are detailed here. Please record all administered or ongoing veterinary treatments:

Contd. on addendum page YES/NO

To the best of my knowledge at the time of this examination, I am unaware of and have seen no evidence of the presence of contagious disease on the premises, neither have I received such a declaration of such information from any of the staff.

To the best of my knowledge, my practice has/has not provided regular/occasional veterinary care for this foal.

VETERINARY SURGEON'S SIGNATURE _____ DATE OF SIGNATURE _____

VETERINARY SURGEON'S NAME _____

ADDRESS _____ TEL NO: _____

PART 2 OWNER/AGENTS DECLARATION
(The Owner/Agents Declaration should be completed prior to the Veterinary Declaration)

Last service date of mare? (dd / mm / yyyy)	__ / __ / ____
Has the mare previously produced a jaundiced foal?	Yes _____ No _____ Don't know _____
Does the mare allow the foal to nurse without being restrained?	Yes _____ No _____
Is the foal able to get up and down and nurse on its own?	Yes _____ No _____
Are you aware of any illness during pregnancy or difficulty at birth?	Yes _____ No _____
Has milk been observed at the nostrils after suckling?	Yes _____ No _____
Is a nurse mare being used - if so, has the mare accepted the foal?	Yes _____ No _____
What medication has the foal received since birth?	
Was any Colostrum or Plasma supplement given?	Yes _____ No _____
If yes, give details: _____	

I have/have no knowledge of the presence of infectious or contagious disease on the farm or in the neighbourhood, likely to affect the health of the mare or the foal* **If such is thought to exist, please detail and specify:*

Signature: _____ Date: _____

If Agent, relationship to Owner: _____