

# Veterinary Certificate of Examination for Mortality Coverage For Foals Under 30 days – (Not to be completed prior to 24 hours of age.)

**Exclusively Underwritten By: AMERICAN EQUINE INSURANCE GROUP**

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_ Date: \_\_\_\_\_

Foal's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Hour of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Dam: \_\_\_\_\_ Sire: \_\_\_\_\_

Intended Use: \_\_\_\_\_ Color: \_\_\_\_\_ Markings: \_\_\_\_\_

For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry HYPP, please indicate the horse's HYPP status. *(Circle one.)*  
**N/N N/H H/H N/A**  
 If results for the foal are not available, please indicate:  
 Dam's HYPP status: **N/N N/H H/H N/A**  
 Sire's HYPP status: **N/N N/H H/H N/A**

For Arabian Horses, is there a history of Combined Immunodeficiency (CID) in either the Sire or Dam? Yes  No   
 Has a blood count been performed? Yes  No   
 If yes, please provide the results: \_\_\_\_\_

Was parturition complicated in any way? Yes  No   
 Did the mare drip or stream milk prior to parturition? Yes  No   
 Does the mare have a history of producing jaundiced foals? Yes  No   
 How many foals has the mare produced previously? \_\_\_\_\_  
 How many of the mare's foals have survived weaning? \_\_\_\_\_  
 If the mare lost any foals, please provide details (year, cause of loss) separately.  
 How long was the gestation period? \_\_\_\_\_  
 How long before foal stood unassisted? \_\_\_\_\_  
 How long before foal nursed unassisted? \_\_\_\_\_  
 Was foal given supplemental colostrum? Yes  No   
 Was (Is) the foal given supplemental milk? Yes  No   
 Is milk regurgitated from the nose following nursing? Yes  No   
 Is the foal an orphan or twin? Yes  No   
 Is umbilical or scrotal hernia present? Yes  No   
 Subject to or any previous history of colic? Yes  No   
 Have any medications been administered? Yes  No   
 Any evidence of infection or disease? Yes  No   
 Contagious diseases on premises or locally? Yes  No   
 If the horse is a colt, are both testicles evident? Yes  No   
 Any evidence of lameness? Yes  No

**IgG Results – Required if under 30 days old.  
Not to be taken after 48 hours old.**

Approximate weight of the foal at time of examination: \_\_\_\_\_  
 Does the mare allow the foal to nurse freely? Yes  No   
 Has all the meconium been passed? Yes  No   
 What is the consistency of the stool? \_\_\_\_\_  
 Has the foal urinated normally? Yes  No   
 Pulse and Respiration normal? Yes  No   
 Heart auscultation normal? Yes  No   
 Respiration auscultation normal? Yes  No   
 Temperature normal? Yes  No   
 Eyes clinically normal? Yes  No   
 Are the limbs straight? Yes  No   
 Are joints normal?  
     Back Yes  No   
     Stifles Yes  No   
     Knees Yes  No   
     Hocks Yes  No   
     Fetlocks Yes  No   
     Tendons and Ligaments Yes  No   
*(Please note any distention, congenital deformity, swelling, heat, stiffness and/or pain for any answer "No".)*

**If any of the above questions are yes, please explain on a separate page.**  
 Type and schedule of worming program: \_\_\_\_\_  
 \_\_\_\_\_

Is the stabling and turn out safe and adequate? Yes  No   
 Are you the usual veterinarian for the applicant? Yes  No   
**If any of the above questions are no, please explain on a separate page.**

Are there any pre-existing conditions, history of lameness, or additional medical facts that should be brought to the attention of the Insurance Company?  
 \_\_\_\_\_  
 Has the foal been attended by you or any other veterinarian for any ailment, injury or medical problem since its foaling? If yes, explain.  
 \_\_\_\_\_  
 Has an X-ray or ultrasound examination been performed on the foal since its foaling? If so, why, and what were the results?  
 \_\_\_\_\_  
 Has foal ever undergone surgery? If so, describe type of surgery, date and recovery.  
 \_\_\_\_\_  
 Are you aware of any condition past or present that could require surgical or medical attention in the next 12 months?  
 \_\_\_\_\_

Give your general evaluation for the above named foal.  
 \_\_\_\_\_

I (print name) \_\_\_\_\_, do certify that I am a graduate veterinarian holding a current license as such to practice in the State of \_\_\_\_\_, and that I have on this day examined the above named foal.

**Veterinarian's signature:** \_\_\_\_\_ Phone: \_\_\_\_\_ Date and Time of Exam: \_\_\_\_\_

I (print name) \_\_\_\_\_, as the Owner or representative for the owner as the primary trainer and/or caretaker, have provided to the veterinarian to the best of my ability accurate and complete information on the above named foal.

**Owner, trainer, or primary caretaker's signature:** \_\_\_\_\_ Date: \_\_\_\_\_