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EQUINE | VETERINARIAN CERTIFICATE

I _____ do hereby certify that I am a graduate Veterinarian holding a current license to practice veterinary medicine in the State/Province of _____ and that I have examined this day, the following animal:

NAME:	BREED:	AGE:	SEX:	COLOUR:	MARKINGS

at _____ location of animal : _____

*** OWNER OF HORSE:

Horses being examined should be observed at rest and in motion. The examination is to be comprised of a general physical and visual inspection. Observations are to be made at a walk and trot as the horse is either lunged or ridden. The horse's heart and lungs are to be auscultated and the eyes examined in subdued light with ophthalmoscope.

	YES	NO
Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>
Temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>
Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>
Heart and lungs auscultated and found normal?	<input type="checkbox"/>	<input type="checkbox"/>
Heart beat normal?	<input type="checkbox"/>	<input type="checkbox"/>
History or evidence of nerving?	<input type="checkbox"/>	<input type="checkbox"/>
History or evidence of bleeder (EIPH)?	<input type="checkbox"/>	<input type="checkbox"/>
Has the horse been castrated?	<input type="checkbox"/>	<input type="checkbox"/>
If uncastrated, are both testicles evident?	<input type="checkbox"/>	<input type="checkbox"/>
Has any surgery been performed?	<input type="checkbox"/>	<input type="checkbox"/>
Is any surgery being contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
If a mare, is horse reported in foal?	<input type="checkbox"/>	<input type="checkbox"/>
Any past breeding/foaling problems?	<input type="checkbox"/>	<input type="checkbox"/>
Any evidence or history of laminitis?	<input type="checkbox"/>	<input type="checkbox"/>
Any vices or objectionable habits?	<input type="checkbox"/>	<input type="checkbox"/>
Any evidence of lameness or significant defect in conformation?	<input type="checkbox"/>	<input type="checkbox"/>
Is animal subject to or have any previous history of colic or ulcers?	<input type="checkbox"/>	<input type="checkbox"/>
Describe and give date:		
Has the horse been vaccinated for West Nile Virus and/or Strangles?	<input type="checkbox"/>	<input type="checkbox"/>
Have any laboratory tests been done?	<input type="checkbox"/>	<input type="checkbox"/>
Describe and give date:		

If surgery has been performed, give date with details and likelihood of future complications:

Date horse was last de-wormed:

List current vaccinations:

List current medications:

All lesions including exostoses, OCD/Bone Chips, surgical, firing or scars due to injury, any physical or behavioral abnormalities or disability must be recorded:

Date: _____ Address: _____

Signature of Veterinarian: _____

Return via email to: BFL CANADA Risk and Insurance Services Inc.: equestre@bflcanada.ca