

**BLUE BRIDLE INSURANCE AGENCY, INC.**  
**P. O. BOX 27, PITTSTOWN, NJ 08867**  
**(800) 526-1711 / (908) 735-6362 FAX: (908) 735-2254**

**VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE**

Horses being examined for insurance should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining veterinarian to the best of his/her ability as a licensed veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

I, \_\_\_\_\_ do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the State of \_\_\_\_\_ and that I have this day examined:

1. Name \_\_\_\_\_  
 Age \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

2. Name \_\_\_\_\_  
 Age \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

Owned by \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

	YES	NO		YES	NO
Pulse and respiration normal?	___	___	History of colic?	___	___
Temperature normal?	___	___	History or evidence of nerving?	___	___
Eyes clinically normal?	___	___	Has horse been castrated?	___	___
Heart auscultated?	___	___	Has any surgery been performed?	___	___
History or evidence of bleeder?	___	___	If mare, is she reported in foal?	___	___
History of laminitis / founder?	___	___	If male, are both testicles evident?	___	___

Date last wormed \_\_\_\_\_ How frequently is horse(s) wormed? \_\_\_\_\_

If any surgery has been performed, describe type of surgery and date \_\_\_\_\_  
 \_\_\_\_\_

If surgery has been performed, has the horse fully recovered? \_\_\_\_\_

Is there any likelihood of future danger to life or limb as a result of such surgery? \_\_\_\_\_

Any lameness or faulty conformation or other abnormal conditions? \_\_\_\_\_

Is the stabling adequate? \_\_\_\_\_ Is there any evidence of objectionable habits? \_\_\_\_\_

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

Are you the regular veterinarian for this horse or client? \_\_\_\_\_

EXCEPT AS NOTED, I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE HORSE IS SOUND.

Remarks \_\_\_\_\_  
 \_\_\_\_\_

Signed \_\_\_\_\_ Date of Exam \_\_\_\_\_

Address \_\_\_\_\_ Phone Number including area code ( ) \_\_\_\_\_