



## Certificate of Health for Horse Insurance

### The undersigned veterinarian:

Name \_\_\_\_\_ at \_\_\_\_\_

Telephone number of practice \_\_\_\_\_ Mobile phone no. \_\_\_\_\_

Declares that he/she has examined the horse referred to below, belonging to \_\_\_\_\_

Town/City \_\_\_\_\_ Customer no. \_\_\_\_\_

and has filled in this form to the best of his/her knowledge.

### Details of horse:

Name \_\_\_\_\_ Colour \_\_\_\_\_

Markings \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex  Stallion  Mare  Gelding

Breed \_\_\_\_\_ Studbook no. \_\_\_\_\_

Parentage \_\_\_\_\_ Chip no. \_\_\_\_\_

1. What are the nutritional condition, general appearance, skin and hair like?  Normal  Anomalous, \_\_\_\_\_

2. Are there abnormalities in respect of the eyes, teeth or nose, and is there nasal discharge?  Normal  Anomalous, \_\_\_\_\_

3. Check of the respiratory system  Normal  Anomalous, \_\_\_\_\_

Did you observe spontaneous coughing?  No  Yes What is the artificially provoked cough like?  Normal  Anomalous

4. Are there symptoms that point to poor or abnormal digestion?  No  Yes

Mention abnormality \_\_\_\_\_

5. Pulse at rest  Normal  Anomalous, \_\_\_\_\_

Heartbeat  Normal  Anomalous, \_\_\_\_\_

Heartbeat at rest \_\_\_\_\_ Heartbeat after work \_\_\_\_\_

Are there symptoms of anaemia?  No  Yes

6. Are there defects in the legs and hooves, such as ossification of the hoof cartilage, abnormal hoof shape, retracted corneous wall, thickening in the tendons or cartilage, thrush or canker?  No  Yes, \_\_\_\_\_

7. Is there irregularity in the way the horse walks, trots or gallops?  No  Yes, \_\_\_\_\_

8. Are there any other disease symptoms, abnormalities or defects?  No  Yes, \_\_\_\_\_

9. Are there signs that point to ataxia?  No  Yes, \_\_\_\_\_

10. Are there abnormalities in the external genitals?  No  Yes, \_\_\_\_\_

11. To your knowledge, has this horse previously been under veterinary treatment?  No  Yes. If so, for what? \_\_\_\_\_

### Only to be answered in the case of breeding mares

12. Have you given the mare a scan and found her to be in foal?  No  Yes, date \_\_\_\_\_

13. Have you given the mare a tactile examination and found her to be in foal?  No  Yes, date \_\_\_\_\_

14. Have abnormalities been found during the pregnancy and your internal examination?  No  Yes

Mention abnormality \_\_\_\_\_

15. Are problems to be expected with regard to the birth?  No  Yes, \_\_\_\_\_

Town/City \_\_\_\_\_ Date \_\_\_\_\_ Signature of veterinarian, \_\_\_\_\_