

KNORPP BLOODSTOCK INSURANCE

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VETERINARIAN CERTIFICATE OF EXAMINATION FOR "FOAL" MORTALITY INSURANCE

THE FOLLOWING MUST BE COMPLETED BY A LICENSED VETERINARIAN

NOTE: ORPHAN FOALS UNDER 90 DAYS OF AGE ARE UNINSURABLE

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 DISEASES. THIS CERTIFICATE SHALL BE COMPLETED BY THE EXAMINING VETERINARIAN TO THE BEST OF THEIR ABILITY AS A LICENSED VETERINARIAN. THE COMPLETED CERTIFICATE SHOULD BE FORWARDED TO THE INSURANCE AGENT WITHOUT DELAY.

FOAL HISTORY

SIRE _____ DAM _____
DATE OF BIRTH _____ HOUR OF BIRTH _____ A.M.
DAY MONTH YEAR P.M.
COLOR _____ SEX _____ MARKINGS _____

EXAMINING VETERINARIAN, PLEASE PROVIDE THE FOLLOWING INFORMATION IF AVAILABLE TO YOU:

1. WAS PARTURITION COMPLICATED IN ANY WAY? _____
2. TIME LAPSE PRIOR TO FOAL RECEIVING COLOSTRUM _____
3. (DID) OR (DOES) THE FOAL HAVE ADEQUATE MILK? _____
4. (IS) OR (WAS) SUPPLEMENT MILK BEING FED? _____ IF SO, GIVE PARTICULARS _____
5. DID THE MARE DRIP OR STREAM MILK PRIOR TO PARTURITION? _____ IF SO, GIVE PARTICULARS _____
6. DOES THE MARE HAVE A HISTORY OF PRODUCING JAUNDICED (NEONATAL ISOERYTHROLYSIS) FOALS? _____
7. HOW MANY LIVE FOALS HAS THE MARE PRODUCED RECENTLY? _____
8. HOW MANY OF THE MARE'S FOALS HAVE SURVIVED THE WEANING AGE? _____
9. IF MARE LOST ANY FOALS, GIVE YEAR LOST AND CAUSE OF DEATH _____
10. HOW LONG WAS THE GESTATION PERIOD? _____

EXAMINATION (NOT TO BE COMPLETED PRIOR TO 24 HOURS OF AGE)

1. APPROXIMATE WEIGHT OF FOAL AT TIME OF EXAMINATION _____
2. TIME LAPSE PRIOR TO THE FOAL NURSING THE MARE UNASSISTED _____ TIME LAPSE BEFORE FOAL STOOD UNASSISTED _____
3. DOES MARE HAVE TO BE RESTRAINED OR WILL SHE ALLOW FOAL TO NURSE FREELY? _____
4. TEMPERATURE _____ HEART RATE _____ RESPIRATORY RATE _____
5. HAS ALL OF THE MECONIUM BEEN PASSED? _____ WHAT IS THE CONSISTENCY OF THE STOOL? _____
HAS THE FOAL URINATED NORMALLY? _____
6. DO THE HEART AND LUNGS SOUND NORMAL? _____
7. IS UMBILICAL OR SCROTAL HERNIA PRESENT? _____
8. ARE BOTH EYES NORMAL? _____
9. ARE THE LIMBS STRAIGHT? IF NOT, HOW ARE THEY DEVIATED? _____
10. ARE ANY JOINTS DISTENDED? _____ IS THE FOAL LAME? _____ GIVE PARTICULARS _____
11. IS MILK REGURGITATED FROM THE NOSE FOLLOWING NURSING? _____
12. RESULTS OF REQUIRED IGG OR CBC _____
13. IS THE FARM MANAGEMENT AND SANITATION PROGRAM GOOD? _____ IS THERE ADEQUATE SHELTER? _____
14. IS FENCING SAFE AND ADEQUATE? _____
15. ARE THERE ANY INFECTIOUS DISEASES ON THE FARM? _____ IF SO, GIVE PARTICULARS _____

NOTE—ARE THERE ANY OTHER AREAS THAT YOU FEEL ARE RELEVANT TO THE HEALTH OF THIS FOAL? _____

Name of Owner _____ Date & Time _____
Examining Veterinarian _____ Office Phone (____) _____ Fax (____) _____
Address _____ License # _____
City _____ State _____ Zip _____ Signature of Veterinarian _____

VETERINARY CERTIFICATES ARE **NOT** ACCEPTABLE UNLESS RECEIVED AT THE OFFICE OF KNORPP BLOODSTOCK INSURANCE WITHIN 15 DAYS OF EXAMINATION.