

KNORPP BLOODSTOCK INSURANCE AGENCY, LC

P.O. DRAWER A • CLARENDON, TX 79226-2001
(806) 874-3521 • (800) 858-4331 • FAX (806) 874-2307

* * * THIS IS NOT A BINDER * * *

VETERINARY CERTIFICATE

Horse(s) 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 ability as a licensed Veterinarian. The complete certificate should be forwarded to the insurance agent without delay.

IMPORTANT

ANY HORSE THAT HAS BEEN NERVED AT OR ABOVE THE FETLOCK IS NOT INSURABLE.

I HAVE EXAMINED THIS DAY, THE FOLLOWING LISTED HORSES:

(1) _____

(2) _____

Owner's Name(s) _____

	Horse #1		Horse #2			Horse #1		Horse #2	
	Yes	No	Yes	No		Yes	No	Yes	No
1. Pulse and respiration normal?	___	___	___	___	17. Had semi-annual flu & rhino vac?	___	___	___	___
2. Temperature normal?	___	___	___	___	18. Annual tetanus & encephalitis vac?	___	___	___	___
3. Eyes clinically normal?	___	___	___	___	19. Frequency of worming?(1)_____ (2)_____				
4. Heart auscultated?	___	___	___	___	(It is required that all adult horses be dewormed every 90 days, have semi-annual influenza & rhinopneumonitis vaccinations, and annual tetanus & encephalitis vaccinations.)				
5. Is stabling adequate?	___	___	___	___	20. Appropriate seasonal feeding & supplement program? (subject to territory)	___	___	___	___
6. History or evidence of bleeder? If YES, does horse bleed on lasik	___	___	___	___	Recommendation for change: _____				
7. History or evidence of nerving?	___	___	___	___	21. If male, are both testicles evident?	___	___	___	___
8. Has horse been castrated?	___	___	___	___	22. If mare, is she in foal?	___	___	___	___
9. Evidence of laminitis/lameness?	___	___	___	___	23. If mare, previous foaling problems?	___	___	___	___
10. Has any surgery been performed?	___	___	___	___	24. HYPP test results: _____				
11. Any vices, habits, cribbing?	___	___	___	___	25. Vaccinated For West Nile Virus? _____				
12. History or subject to colic?	___	___	___	___	Dates of Vaccination _____				
13. Evidence of firing or blistering?	___	___	___	___	26. Are you the usual veterinarian for applicant? _____				
14. Digestive disorder past or present?	___	___	___	___	And for how long? _____				
15. Indication of infection or disease?	___	___	___	___					
16. Results of last fecal examination On this date	___	___	___	___					

If surgery has been performed, describe procedure, state of recovery, and likelihood of future problems resulting from surgery. _____

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company or any reason why the horse(s) should not be insured? _____

Additional Comments _____

Date of last Coggins _____ Today's Date & Time _____

Office Phone _____ Office Fax _____

Veterinarian's Name (PLEASE PRINT) _____ Signature _____

Veterinarian's Address _____

VETERINARY CERTIFICATES ARE NOT ACCEPTABLE UNLESS COMPLETED WITHIN 15 DAYS PRIOR TO BEING RECEIVED BY AGENT. PLEASE FAX VET CERTIFICATE IMMEDIATELY TO (806) 874-2307. PLEASE MAIL ORIGINAL TO KNORPP BLOODSTOCK INSURANCE AGENCY, LC: P.O. DRAWER A, CLARENDON, TX 79226-2001. IF YOU HAVE ANY QUESTIONS PLEASE CALL KNORPP BLOODSTOCK INSURANCE AGENCY, LC AT 1-800-858-4331.

