



Le Centaure

LE CENTAURE VETERINARY CERTIFICATE EQUINE MORTALITY INSURANCE

The purpose of this examination is to identify and examine the subject horse in accordance with this certificate, and to report to the company any medical facts known to you and/or obtained by you in the examination. Horses should be examined in motion.

I, _____ do hereby certify that I am a Veterinarian specialising in Equine Practice, holding a current license to practice medicine and have this day examined:

NAME: _____ AGE (Inc DOB if foal): _____ COLOUR: _____

SEX: _____ BREED: _____ IDENTIFICATION N°: _____

If gelding please state date of castration, if within the last 12 months: _____

If mare please state if in foal: _____

SIRE: _____ DAM: _____

Owned by: _____

I confirm the following:

- | | |
|--|---|
| 1. The pulse and respiration are normal, | 8. The heart is auscultated and found normal, |
| 2. The temperature is normal, | 9. The stabling is adequate, |
| 3. The eyes are clinically normal, | 10. There is no history of colic, |
| 4. There is no history or evidence of bleeder, | 11. The horse appears to be in good health, |
| 5. There is no evidence or report of surgery, | 12. There is no history or evidence of laminitis, |
| 6. There is no history or evidence of nerving, | 13. There is no history or evidence of lameness. |
| 7. If male both testicles are evident, | |

Please qualify any of the above which, to the best of your knowledge, are incorrect: _____

Does the above have any consequences on the animal's live capacity: _____

ADDITIONAL INFORMATION FOR FOALS AGED 24 HOURS TO 45 DAYS

Was birth normal with no complications? Yes No Date and time of birth _____

IgG Reading(s) and date(s) taken: _____

Has foal received any medication, plasma or colostrums supplement, if yes, please give details: _____

What was the last service date of the dam last year? _____

I also confirm the following:

- | | |
|--|---|
| 1. The foal stood and nursed normally, | 4. The foal has shown no sign of colic, |
| 2. The foal has no major conformational defeats, | 5. There is no evidence of diarrhoea, |
| 3. There were no ribs broken during foaling, | 6. If a nurse mare is being used, the mare has accepted the foal. |

Please qualify any of the above which are not correct: _____

IMPORTANT (horses of all ages)

In your opinion are there any other facts that should be brought to the attention of the company? _____

Date of examination: _____ Time of examination: _____ Place of examination: _____

Print Name: _____

Address: _____

Signature: _____ Phone: _____ Stamp: _____

01/01/05