

GOODSURE VETERINARY REPORT

To be completed by a registered Veterinarian

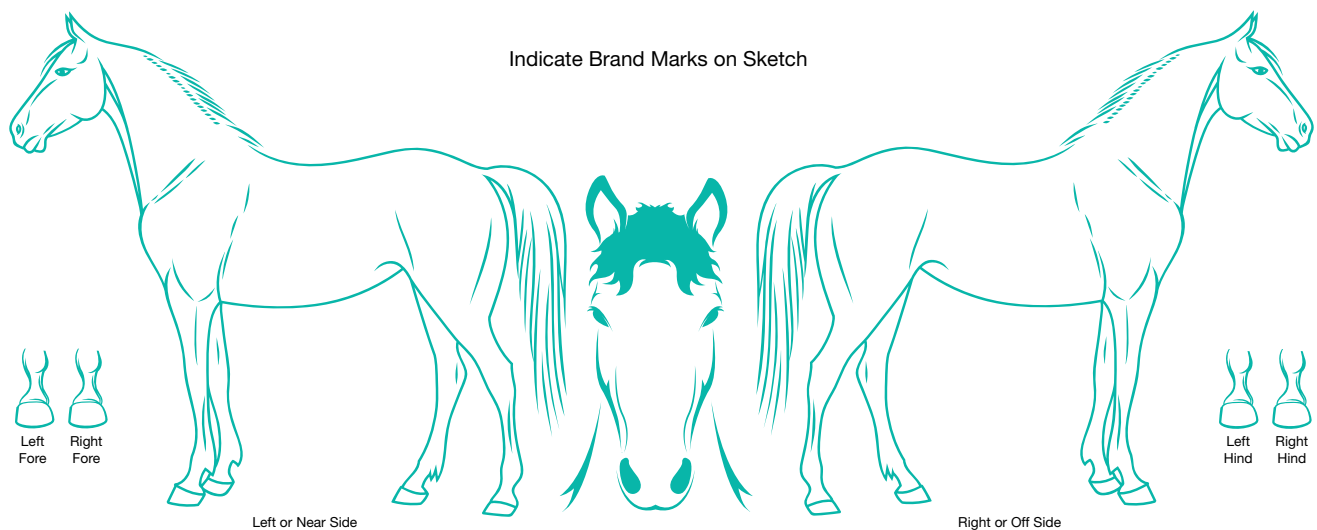
The purpose of this examination is to identify and examine the involved horse in accordance with this certificate, and to report the medical facts obtained by the examination to the insurance company. This Veterinary Certificate of Examination for Mortality Insurance is NOT a statement of insurability or serviceability for any intended use. Horses being examined should be observed in motion. The certificate should be completed by the examining veterinarian to the best of his/her knowledge and ability as a registered veterinarian.

VETERINARIAN DETAILS

I, _____ do hereby certify that I am a registered veterinarian and I have on this date examined:

Name _____
 Breed _____ Age _____
 Colour _____ Sex _____

WHORL AND MARKING (NATURAL AND ACQUIRED). PHOTOS ACCEPTED



Owner _____
 Address _____
 Date of Birth _____ Temperature _____
 Pulse _____ b/min Respiration _____ b/min

GENERAL QUESTIONS

Is the horse a bleeder?	Yes	No	NTMK
Has the horse been nerved?	Yes	No	NTMK
Eyes clinically normal?	Yes	No	
Heart and Lungs auscultated?	Yes	No	
If male, are both testicles palpable?	Yes	No	
Has the horse been castrated?	Yes	No	NTMK
If so, when	_____		

