

**NEUMAN EQUINE INSURANCE**  
3363 TATES CREEK ROAD, SUITE 204  
LEXINGTON, KY 40502  
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(859) 231-0213 TELEPHONE

(859) 231-0206 FAX

**VETERINARY CERTIFICATE OF EXAMINATION FOR INSURANCE**  
(Must be completed separately for each horse)

**PLEASE NOTE:** The completed certificate must be forwarded directly to the above address and postmarked within ten (10) days after examination.

I, \_\_\_\_\_ do hereby certify that I am a graduate veterinarian holding a current license to practice in the State of \_\_\_\_\_ and that I have this day examined:

Name \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

Markings and tattoo number \_\_\_\_\_

Owned by \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

Pulse and respiration normal?  Yes  No Has horse been nerved?  Yes  No

Temperature normal?  Yes  No Has horse been castrated?  Yes  No

Eyes normal?  Yes  No If mare, is she reported in foal?  Yes  No

Heart normal?  Yes  No If yes, do you believe her to be carrying twins?  Yes  No

Has the horse been tested for a genetic link to HYPP (Quarter Horses or Paints) or CID (Arabians)?  Yes \_\_\_\_\_  No  
(Result)

If foal less than ninety (90) days old, was IgG test result greater than 400 mg/dl?  Yes  No If not, what was the result? \_\_\_\_\_

If stallion at stud, are both testicles of normal size, consistency and rotation?  Yes  No If not, or if any reported breeding problem, please explain: \_\_\_\_\_

Has any surgery, firing or blistering been performed?  Yes  No If yes, describe: a. procedure, b. state of recovery, c. likelihood of future problems and/or complications resulting from the procedure. \_\_\_\_\_

Any lameness or faulty conformation or other abnormal condition?  Yes  No Describe: \_\_\_\_\_

Has the horse had colic or any other intestinal disorder during the previous twelve (12) months?  Yes  No If yes, describe, including frequency of occurrence. \_\_\_\_\_

Has the horse had any neurological disorder such as E.P.M. or Wobbler Syndrome?  Yes  No \_\_\_\_\_

A COGGINS test was performed on \_\_\_\_\_ and the result was \_\_\_\_\_.

Is the horse exposed to any contagious or infectious diseases?  Yes  No If yes, describe: \_\_\_\_\_

Explain any abnormal condition. \_\_\_\_\_

In your opinion, or to your knowledge, are there any medical facts that should be brought to the attention of the company? \_\_\_\_\_

Except as noted above, I hereby certify that to the best of my knowledge and belief the horse is in sound condition.

Date \_\_\_\_\_ and Time \_\_\_\_\_ of Examination By \_\_\_\_\_  
Signature of Veterinarian

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_