

FOAL VETERINARY CERTIFICATE FOR MORTALITY INSURANCE For horses aged between 24 hours and 45 days

This is to certify that at the request of	
I have examined the foal described below at (place of examination)	
On (date & time)	
SIRE	
DAM	
BREED OR TYPE	
SEX	
COLOUR	
MICROCHIP NO.	
DATE & TIME OF BIRTH	

PART 1		Agree	Disagree
VETERINARY DECLARATION At the time of my examination, it was my opinion that:			
The foal's appearance & behaviour is consistent with normal gestation & parturition			
The foal is currently showing no signs of colic			
There is no evidence of parrot mouth present			
There is no evidence of cataract or other eye abnormalities			
The foal has no significant flexural or angular limb deformities			
There is no physical evidence of rib fracture			
The umbilicus is dry and showing no sign of infection or herniation			
There is no evidence of inguinal hernia			
There is no evidence of diarrhoea			
There is evidence that a quantity of meconium has been passed			
On auscultation, no abnormality of heart, lung and gastro-intestinal tract is exhibited			
The foal moves without locomotory difficulty			
Has a haemogram been performed?		Yes	No
If so, results attached?		Yes	No
IgG Reading:	No. of Samples taken:	Date & Time:	
The foal's rectal temperature was: (Range 99 – 101.8°)			
The foal's pulse rate was:		The foal's respiratory rate was:	

Other defects, signs of injury & functionally significant, abnormalities of conformation or behaviour observed and clarification on above findings are detailed here:

_____ Contd. on addendum page YES/NO

To the best of my knowledge at the time of this examination, I am unaware of and have seen no evidence of the presence of contagious disease on the premises, neither have I received such a declaration of such information from any of the staff.

To the best of my knowledge, my practice has/has not provided regular/occasional veterinary care for this foal.

VETERINARY SURGEON'S SIGNATURE _____ **DATE OF SIGNATURE** _____

VETERINARY SURGEON'S NAME _____

ADDRESS _____ TEL NO: _____

PART 2 OWNER/AGENTS DECLARATION

(The Owner/Agents Declaration should be completed prior to the Veterinary Declaration)

Has the mare previously produced a jaundiced foal?	Yes _____ No _____ Don't know _____
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Does the mare allow the foal to nurse without being restrained?	Yes _____ No _____
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Is the foal able to get up and down and nurse on its own?	Yes _____ No _____
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Are you aware of any illness during pregnancy or difficulty at birth?	Yes _____ No _____
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Has milk been observed at the nostrils after suckling?	Yes _____ No _____
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Is a nurse mare being used – if so, has the mare accepted the foal?	Yes _____ No _____
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What medication has the foal received since birth?

Was any Colostrum or Plasma supplement given?	Yes _____ No _____
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If yes, give details: _____

I have/have no knowledge of the presence of infectious or contagious disease on the farm or in the neighbourhood, likely to affect the health of the mare or the foal* **If such is thought to exist, please detail and specify:*

Signature: _____ Date: _____

If Agent, relationship to Owner: _____