

## 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: \_\_\_\_\_

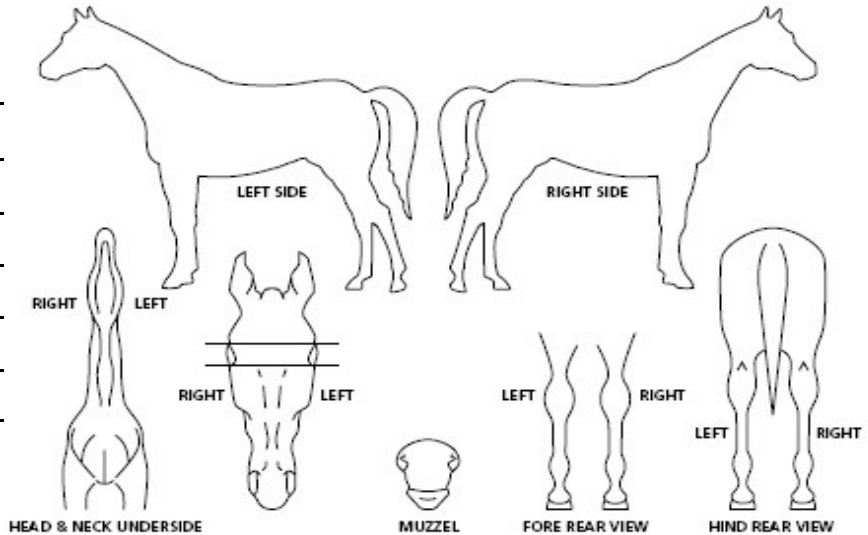
BREED OR TYPE: \_\_\_\_\_

SEX: \_\_\_\_\_

COLOUR: \_\_\_\_\_

MICROCHIP NO : \_\_\_\_\_

DATE & TIME OF BIRTH: \_\_\_\_\_



### Part 1 - Veterinary declaration

At the time of my examination, it was my opinion that: (please tick)	Agree	Disagree
The foals appearance & behavior 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 diarrhea		
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, are the 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 and functionally significant, abnormalities of conformation or behavior observed and clarification on above findings are detailed here:

\_\_\_\_\_

Continued 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 Surgeons Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Veterinary Surgeons Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No : \_\_\_\_\_

Part 2 - Owners / Agents Declaration

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

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

\_\_\_\_\_

Was any Colostrums or Plasma supplement given? YES NO  
If YES, please give details:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Agent, relationship to owner: \_\_\_\_\_