BFL CANADA

BFL CANADA RISK AND INSURANCE SERVICES INC. – VETERINARIAN CERTIFICATE

I _____ do hereby certify that I am a graduate Veterinarian holding a current license to practice veterinary medicine in the State/Province of _____ and that I have examined this day, the following animal:

NAME: _____ **MARKINGS:** _____
BREED: _____ _____
AGE: _____ _____
SEX: _____ _____
COLOUR: _____ _____
TATTOO/BRAND: _____ _____
at _____location of animal : _____
****** Owner of Horse:**

Horses being examined should be observed at rest and in motion. The examination is to be comprised of a general physical and visual inspection. Observations are to be made at a walk and trot as the horse is either lunged or ridden. The horse's heart and lungs are to be auscultated and the eyes examined in subdued light with ophthalmoscope.

	Yes	**No**
Pulse and respiration normal?	o	o
Temperature normal?	o	o
Eyes clinically normal?	o	o
Heart and lungs auscultated and found normal?	o	o
Heart beat normal?	o	o
History or evidence of nerving?	o	o
History or evidence of bleeder (EIPH)?	o	o
Has the horse been castrated?	o	o
If uncastrated, are both testicles evident?	o	o
Has any surgery been performed on the horse?	o	o
Is any surgery being contemplated?	o	o
If a mare, is horse reported in foal?	o	o
Any past breeding/foaling problems?	o	o
Any evidence or history of laminitis?	o	o
Any vices or objectionable habits?	o	o
Any evidence of lameness or significant defect in conformation?	o	o
Is animal subject to or have any previous history of colic?	o	o
Describe and give date: _____		
Has the horse been inoculated for West Nile Virus?	o	o
Have any laboratory tests been done?	o	o
Describe and give date: _____		

If surgery has been performed, give date, procedure, recover and likelihood of future complications:

_____

_____

Date horse was last de-wormed: _____

List current vaccinations: _____

_____

List current medications: _____

_____

All lesions including exostoses, surgical, firing or scars due to injury, any physical or behavioural abnormalities or disability must be recorded: _____

_____

_____

Additional comments:_____

_____

	Yes	No
In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company?	o	o

Date: _____ **Address:** _____

Signature of Veterinarian: _____

Fax to BFL CANADA Risk and Insurance Services Inc.: 416 599-5458 or equine@bflcanada.ca