



VETERINARIAN CERTIFICATE

Completed For: BFL CANADA Risk and Insurance Services Inc.
Fax: 416 599-5458

Horses being examined for insurance should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining Veterinarian to the best of his ability as a licensed Veterinarian. The completed certificate should be forwarded to the Insurance Agent without delay.

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

ANIMAL DESCRIPTION

SEX	AGE	NAME	BREED	USE/FUNCTION	TATTOO/REG'N NO.

Owned by: _____

	YES	NO		YES	NO
Pulse and respiration normal?	()	()	Has horse been castrated?	()	()
Temperature normal?	()	()	If mare, is she reported in foal?	()	()
Eyes clinically normal?	()	()	Any lameness or faulty conformation?	()	()
Heart auscultated?	()	()	History or evidence of colic?	()	()
History or evidence of bleeder?	()	()	Evidence of Laminitis or Founder?	()	()
History or evidence of nerving?	()	()			
Has the horse been vaccinated for WNV	()	()	Is stabling adequate?	()	()

Has any surgery been performed? _____ Describe type of surgery and date _____

Is there any likelihood of further complications or any need for follow-up surgical procedures? _____

Is any type of surgery being contemplated or is there any deformity or abnormality which could predispose the animal toward the need for any surgical repair or correction? _____

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

MARES ONLY: Has any mare suffered any breeding or foaling complications in the past? _____

EXCEPT AS NOTED ABOVE, I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE HORSE IS HEALTHY AND IN SOUND CONDITION. Remarks: _____

DATE OF EXAMINATION: _____ ADDRESS: _____

Veterinarian's Signature: _____ Date: _____