



**BFL CANADA Risk and Insurance Services Inc. – 416 599-5458 (Fax)
Foal Veterinary Certificate for Mortality Insurance
For horses aged between 24 hours and 45 days only**

Veterinarian _____ Address _____
 Telephone _____
 Name of Practice _____ in state of _____
 Owner/Assured _____ at (farm) _____
 Foaling Date _____ Sex _____ Colour _____
 Breed _____ Sire _____ Dam _____

Instructions to Examining Veterinarian completing this form. Please read the following statements and declaration in Section 1 before completing Section 2. Your signature at the bottom of this page also constitutes your agreement with the declaration in Section 1.

Section 1

- | | |
|---|---|
| 1. The mare has not previously had a jaundiced foal. | 14. The meconium has passed. |
| 2. The mare has adequate milk. | 15. The heart is normal on auscultation. |
| 3. The mare allows the foal to nurse without being restrained. | 16. The lungs are normal on auscultation. |
| 4. The foal is able to get up and down and nurse on its own. | 17. The gastro intestinal tract is normal on auscultation. |
| 5. The foal has shown no sign of colic. | 18. The locomotion of the foal is normal. |
| 6. There is no evidence of cleft palate or parrot mouth. | 19. The temperature is normal. |
| 7. There is no evidence of congenital cataracts or other abnormalities of the eyes. | 20. The pulse rate is normal. |
| 8. There are no flexural deformities. | 21. The respiratory rate is normal. |
| 9. No ribs have been broken during parturition. | 22. There are no contagious or infectious diseases on the premises or in the neighbourhood. |
| 10. The umbilicus is dry and normal. | 23. The stabling is adequate. |
| 11. The foal does not have patent urachus. | 24. The CBC reading is normal. |
| 12. There is no evidence of umbilical or inguinal hernia. | 25. The WBC is between 5.0 and 12.6. |
| 13. There is no evidence of diarrhea. | |

I declare (to the best of my professional knowledge) that the statements listed above are correct in respect of the subject foal with the exception of those listed below (please give full details):

Incorrect statement numbers and comments:

Statement	

Section 2

1. What was the dam's last breeding date?

 2. What medication has the foal received post partum?

 3. What was the IgG reading of the foal's blood?
 At what age was the sample taken

 4. How many times were IgG levels taken? (show all results and times)

 5. Has a colostrum supplement been given to the foal and if so, when?

 6. Has plasma been given to the foal and if so, when?

 7. Is a nurse mare being used for this foal and if so, has the nurse mare accepted the foal?

PLEASE USE THE BACK OF THE PAGE IF YOU NEED TO EXPAND ON ANYTHING IN EITHER SECTION 1 OR 2 OR ANY OTHER ISSUES THAT YOU FEEL ARE RELEVANT TO THE HEALTH OR ENVIRONMENT OF THE FOAL.

Date and time of examination: _____ Signature _____