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### EQUINE | Veterinarian Certificate

Completed For: **BFL CANADA Risk and Insurance Services Inc.**

Return via email to **BFL CANADA: equine@bflcanada.ca**

**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	MICROCHIP/REG'N NO.

NAME OF OWNER: \_\_\_\_\_

	YES	NO		YES	NO
Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>	Has horse been castrated?	<input type="checkbox"/>	<input type="checkbox"/>
			If not, are both testicles are evident & palpate normally?	<input type="checkbox"/>	<input type="checkbox"/>
Temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>	If mare, is she reported in foal?	<input type="checkbox"/>	<input type="checkbox"/>
			Any evident external symptoms detrimental to normal breeding?	<input type="checkbox"/>	<input type="checkbox"/>
Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	Any lameness or faulty conformation?	<input type="checkbox"/>	<input type="checkbox"/>
Heart auscultated and found normal?	<input type="checkbox"/>	<input type="checkbox"/>	History or evidence of colic or ulcers?	<input type="checkbox"/>	<input type="checkbox"/>
History or evidence of bleeder?	<input type="checkbox"/>	<input type="checkbox"/>	History or evidence of Laminitis or Founder?	<input type="checkbox"/>	<input type="checkbox"/>
Any indication of infection or disease?	<input type="checkbox"/>	<input type="checkbox"/>	History of evidence of firing or blistering?	<input type="checkbox"/>	<input type="checkbox"/>
History or evidence of nerving?	<input type="checkbox"/>	<input type="checkbox"/>	Any exposure to a contagious or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>
Has the horse been vaccinated for WNV?	<input type="checkbox"/>	<input type="checkbox"/>	Is stabling adequate?	<input type="checkbox"/>	<input type="checkbox"/>

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?

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: \_\_\_\_\_