



Veterinary Certificate of Examination for Equine Mortality Insurance

Underwritten by Northbridge General Insurance Corporation
(One Per Horse)

The purpose of this examination is to identify and examine the involved horse in accordance with this certificate and to report the medical facts obtained by the examination to the insurance company. This Veterinary Certificate of Examination for Mortality Insurance is NOT a statement of insurability or serviceability for any intended use and is NOT A PURCHASE EXAMINATION. Horses being examined should be observed **AT ALL GAITS**. The examining veterinarian to the best of his/her knowledge and ability as a licensed veterinarian should complete this certificate.

I, _____ do hereby certify that I am a graduate veterinarian and hold a current license to practice veterinary medicine in the Province / State of _____ and that I have this date examined:

Horse Name _____ Horse Owner _____
 Year Born _____ Colour _____ Address _____
 Markings /tattoo/brand (if any) _____
 Breed _____ Sex _____ Postal Code: _____ Phone: (____) _____
 Intended Use and level _____

Temperature, Pulse and respiration normal? <input type="checkbox"/> YES <input type="checkbox"/> NO Heart & Lung auscultation normal at rest and after work? <input type="checkbox"/> YES <input type="checkbox"/> NO Eyes Clinically normal? <input type="checkbox"/> YES <input type="checkbox"/> NO Any history or evidence of a bleeder <input type="checkbox"/> YES <input type="checkbox"/> NO Any history or evidence of neurectomy or fasciotomy? <input type="checkbox"/> YES <input type="checkbox"/> NO Any history or evidence of laminitis, clubfoot or P3 Rotation? <input type="checkbox"/> YES <input type="checkbox"/> NO Hoof tester results Negative? <input type="checkbox"/> YES <input type="checkbox"/> NO In your opinion, is there any clinical evidence of lameness or significant conformational defects or other pathological conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Explain: _____	Does this horse manifest clinical evidence of contagious or infectious disease? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Explain: _____ Any history or clinical evidence of any surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO Any Colic within the last twelve (12) months? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, date/type (surgical/medical) of last colic: _____ If mare , is she currently pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Date of last pregnancy exam: _____ Due Date: _____ If male , are both testicles palpable? <input type="checkbox"/> YES <input type="checkbox"/> NO Has horse been castrated? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, When? _____
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Are you the Regular Veterinarian for this horse? YES NO

Please provide date of last full dental examination: _____ Is the horse on a parasite control program? YES NO

Are you aware of any history of unsoundness, injury or disease with this horse? YES NO If Yes, please explain: _____

Provide details of any degenerative change, bone spurs, chips, osteochondrosis observed on any radiographs or images taken (or reviewed) by you in the last 90 days: _____

Any knowledge of contagious/infectious disease on premises in the last 60 days? YES NO If Yes, please explain: _____

Has the horse received any performance enhancing or maintenance procedures or treatment, including intramuscular and/or joint injections, any type of medication long or short term, or any preventative treatments in the last twelve months? YES NO Unknown

If Yes, please explain/identify pathology: _____

Official EIA test run? YES NO If Yes, Date _____ Result _____ Lab _____

Has the horse been fully and regular inoculated, including for EHV and WNV? YES NO

If any surgery has been performed, describe and confirm that the horse has clinically recovered: _____

Is any type of surgery or medical treatment being contemplated or is there any deformity or conformational abnormality which could predispose the animal toward the need for any surgery repair or correction: _____

Any knowledge, of other medical facts that might interest the insurer? YES NO If yes, please explain below:

Explanation of abnormal findings or additional comments: _____

I confirm that I have examined this horse at all Gaits <input type="checkbox"/> YES <input type="checkbox"/> NO Signature of Veterinarian: _____ Date: _____ Phone #: _____ E-Mail: _____ Address: _____ City: _____ Prov: _____ Postal: _____	I certify I have no knowledge contrary to above statement: Signature of (Owner/Agent/Trainer) _____ Date: _____ Phone #: _____ E-Mail: _____ Address: _____ City: _____ Prov: _____ Postal: _____
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****Veterinarian certificates must be received by us within 30 days of examination or will be considered void****

Western Provinces and Territories:

Acera Insurance Services Ltd.
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E agri@acera.ca **W** acera.ca/equine

Ontario and Provinces Eastward:

Acera Insurance Services Ltd.
 15221 Yonge Street, Aurora, ON L4G 1L8
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