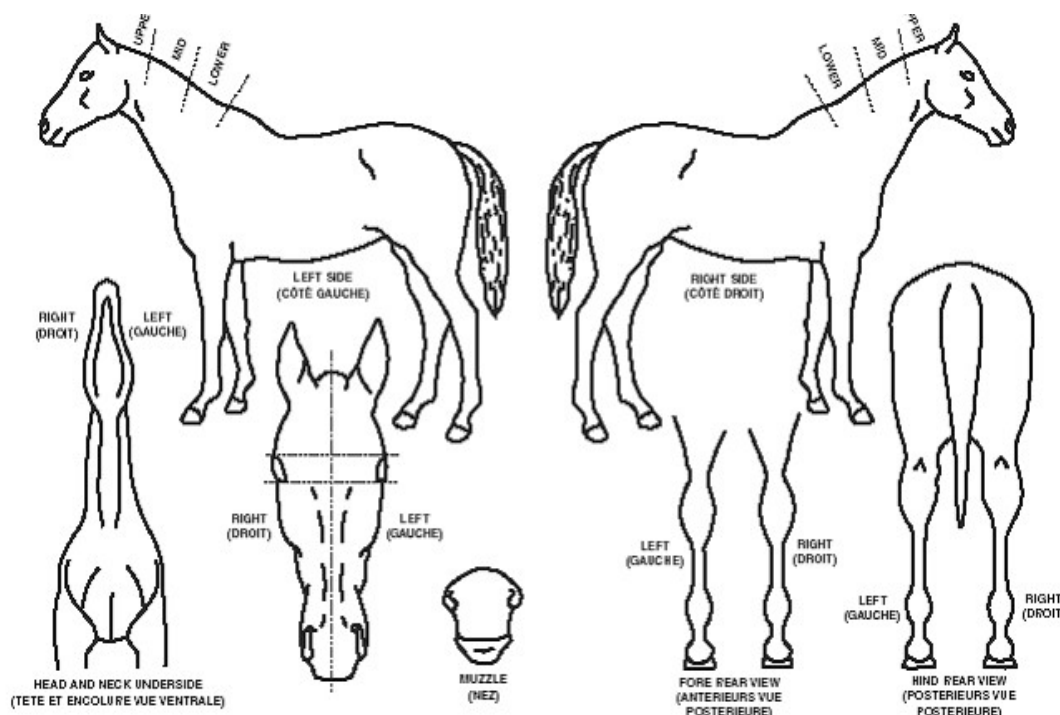


FOAL VETERINARY CERTIFICATE FOR MORTALITY INSURANCE For horses aged between 24 hours and 45 days

| | |
|--|--|
| This is to certify that at the request of | |
| I have examined the foal described below at (place of examination) | |
| On (date & time) | |

MICROCHIP NUMBER TO BE PROVIDED OR MARKINGS TO BE COMPLETED IF NOT MICROCHIPPED

| |
|----------------------|
| SIRE |
| DAM |
| BREED OR TYPE |
| SEX |
| COLOUR |
| MICROCHIP NO. |
| DATE & TIME OF BIRTH |



| | | |
|---|--------------|-----------------|
| PART 1 VETERINARY DECLARATION At the time of my examination, it was my opinion that: | Agree | Disagree |
|---|--------------|-----------------|

| | | | |
|---|--|-----------------------|--------------|
| FOALS UNDER 8 DAYS: | | | |
| Meconium has been or reported by attending staff/owner to have been passed normally | | | |
| The foal's appearance & behaviour is consistent with normal gestation & parturition | | | |
| There is no physical evidence of rib fracture(s) | | | |
| IgG Reading: | | No. of Samples taken: | Date & Time: |

| | | | |
|--|-----|----|--|
| ALL FOALS: | | | |
| The foal is currently showing no signs of colic | | | |
| There is no evidence of a cleft palate | | | |
| There is no evidence of cataract or other eye abnormalities | | | |
| The foal has no clinically significant flexural or angular limb deformities | | | |
| The umbilicus is dry and showing no sign of infection or herniation | | | |
| There is no evidence of inguinal hernia | | | |
| There is no evidence of diarrhoea | | | |
| On auscultation, no abnormality of heart, lung and gastro-intestinal tract was detected | | | |
| The foal moves without signs of lameness and/or ataxia | | | |
| Has a haemogram including inflammatory markers (WBC, RBC, fibrinogen and/or SAA) been performed and if so are the results within normal foal limits? | Yes | No | |

If no, give details:

Are the haemogram results attached to this form?

Yes

No

The foal's rectal temperature was: _____ (°C)

The foal's heart rate was: _____ Normal/abnormal

The foal's respiratory rate was: _____

Normal/abnormal

Other defects, signs of injury & functionally significant, abnormalities of conformation or behaviour observed and clarification on above findings are detailed here. Please record all administered or ongoing veterinary treatments:

_____ Contd. on addendum page YES/NO

To the best of my knowledge at the time of this examination, I am unaware of and have seen no evidence of the presence of contagious disease on the premises, neither have I received such a declaration of such information from any of the staff.

To the best of my knowledge, my practice has/has not provided regular/occasional veterinary care for this foal.

VETERINARY SURGEON'S SIGNATURE _____ DATE OF SIGNATURE _____

VETERINARY SURGEON'S NAME _____

ADDRESS _____ TEL NO: _____

PART 2 OWNER/AGENTS DECLARATION

(The Owner/Agents Declaration should be completed prior to the Veterinary Declaration)

I have/have no knowledge of the presence of infectious or contagious disease on the farm or in the neighbourhood, likely to affect the health of the mare or the foal* **If such is thought to exist, please detail and specify:*

Signature: _____

Print Name: _____

Date: _____ If Agent, relationship to Owner: _____