



CUNNINGHAM  
CUNNINGHAM &  
LIVE STOCK INC.

**Veterinary Certificate**

One Railroad Avenue, 2-1  
Goshen, NY 10924  
Tel. No. (845) 291-1123 or (877) 342-7637  
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**PAYMENT OF VETERINARIAN FEES FOR THE PURPOSE OF INSURANCE  
EXAMINATIONS ARE THE RESPONSIBILITY OF THE OWNER (S)**

**VETERINARY CERTIFICATE OF EXAMINATION**  
**FOR MORTALITY INSURANCE COVERAGE**

(Not necessary for Specified Perils Coverage- F.L.T.)

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 State of \_\_\_\_\_ and that I have this day examined:

Name	Age	Sex	Breed
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Owned By: \_\_\_\_\_

Pulse and respiration normal? <input type="radio"/> Y <input type="radio"/> N	History of Colic? <input type="radio"/> Y <input type="radio"/> N
Temperature normal? <input type="radio"/> Y <input type="radio"/> N	History or evidence of nerving? <input type="radio"/> Y <input type="radio"/> N
Eyes clinically normal? <input type="radio"/> Y <input type="radio"/> N	Heart auscultated? <input type="radio"/> Y <input type="radio"/> N
Has surgery been performed on the horse? <input type="radio"/> Y <input type="radio"/> N	History or evidence of bleeder? <input type="radio"/> Y <input type="radio"/> N
Has horse been castrated? <input type="radio"/> Y <input type="radio"/> N	History of laminitis/founder? <input type="radio"/> Y <input type="radio"/> N
If male, are both testicles evident? <input type="radio"/> Y <input type="radio"/> N	If mare, is she reported in foal? <input type="radio"/> Y <input type="radio"/> N

Date last wormed: \_\_\_\_\_ How often wormed? \_\_\_\_\_

If any surgery has been performed, describe type of surgery, date & if fully recovered: \_\_\_\_\_

Have any diagnostics of the spine been performed & are there any known spine abnormalities? \_\_\_\_\_

Any Lameness or faulty conformation or other abnormal conditions? \_\_\_\_\_

Is the stabling adequate? \_\_\_\_\_ Is there evidence of vices or objectionable habits? \_\_\_\_\_

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

Are you the regular veterinarian for this client? \_\_\_\_\_

Except as noted, I hereby certify to the best of my knowledge and belief the horse is, except as noted, sound. Remarks: \_\_\_\_\_

Signed: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Veterinarian

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_