

CATHERINE de BUYL INSURANCE S.A

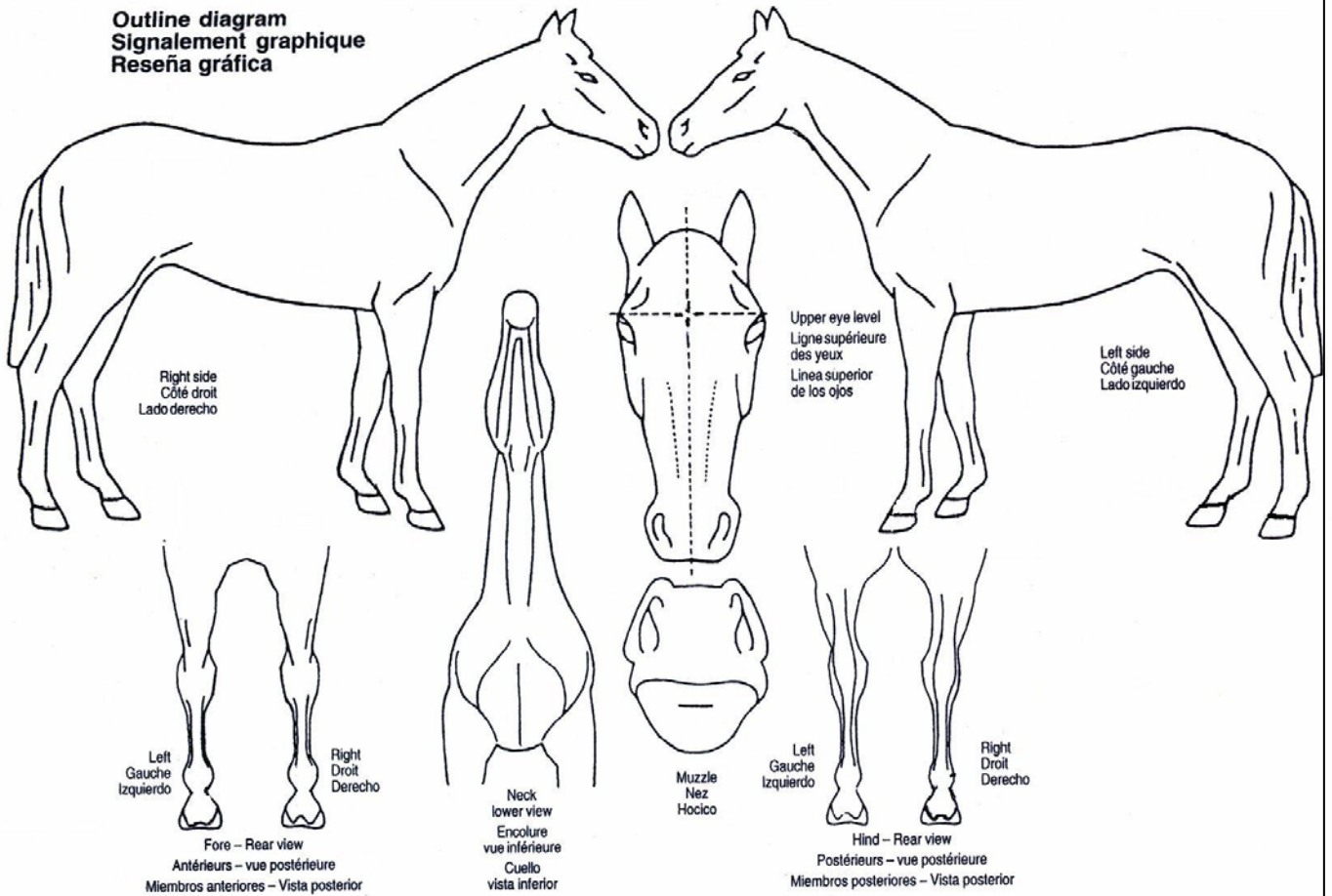
VETERINARY CERTIFICATE : I, (name)
do hereby certify that I have this day examined the Horse (name):.....

AGE COLOUR SIZE SEX SIRE

DAM OWNED BY USE VALUE

MICRO CHIP NUMBER:

**Outline diagram
Signalement graphique
Reseña gráfica**



AGE

COLOUR

SIZE

SEX

SIRE

DAM

OWNED BY

USE

VALUE

1. Is any female animal in foal ?
If yes, state which and expectant date and any symptoms detrimental to satisfactory breeding?...
.....
2. Has any female a history of abortion?
.....
3. Are the genitalia of the stallion in good state & normal?
.....
4. Are pulse and respiration of each animal normal ?
5. As regards horses :
a) Has the heart been auscultated, before and after exercise, and found normal ?.....
b) Have any animals been fired or blistered ?.....
c) Has neurectomy (« un-nerving ») been performed on any animal ?.....
6. Are both eyes of each animal perfect?.....
7. Does any animal manifest any indication of lameness or faulty conformation in any of its legs or feet ?
.....
8. Is any animal subject to attacks of colics, bleeding, viciousness or tuberculosis?.....
9. Has any operation been performed on any?.....
If yes, give details and state date and whether fully recovered and whether any likelihood of future danger to life as a result of such operation.....
.....
- 10 Is there to your knowledge any contagious or infectious disease in the neighbourhood?.....
.....
- 11 Is there a risk of navicular disease?.....
- 12 Is the horse vaccinated? against
Dates of vaccinations :(last date):
Tetanus:..... Influenza:..... West Nile Virus :
Eastern Equine Encephalitis: Venezuelan Equine Encephalitis:
- 13 Are the animals frequently wormed ? Please give the last 4 dates

OBSERVATIONS

CONCLUSION

- On this examination I find no trace of clinical signs of disease, injury or physical abnormality likely to affect the animal's usefulness for.....
- On my opinion , on this examination the conditions set out above are not likely to affect the animal's usefulness for.....

SIGNATURE

QUALIFICATION

DATE OF THE EXAMINATION

ADDITIONAL INFORMATION

EXAMINATION IN ACTION ON HARD SURFACE

Name of the horse :

Walk:

Trot:

Flexion tests : L F :

 R F :

 L H :

 R H :

Trot on small circle to the left :

Trot on small circle to the right
:

EXAMINATION AT WORK LUNGED OR RIDDEN

Actions:

Heart : Recuperation:

Respiration : Recuperation:

Spontaneous cough :

SIGNATURE

NAME + QUALIFICATION

DATE OF THE EXAMINATION