

JONES BLOODSTOCK INSURANCE, INC. - P.O. BOX 1434, SAN ANTONIO, TX 78295
(210)271-9834 FAX (210)271-9838 1-800-990-9880 or 1-800-805-9881

(For horses over 45 days of age)

The HORSE being examined should be moved outside of the stall to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and the presence of contagious or infectious disease or other issues relevant to the health/wellbeing of the HORSE.

VETERINARIAN _____	Address _____
Licensed to practice in _____	_____
Telephone _____	_____
Name of Practice _____	In State of _____
Owner/INSURED _____	at (farm) _____
Name of HORSE _____ Sex _____	Color _____

Instruction to Examining VETERINARIAN completing this form. Please read the following statements and declaration in Section 1 before completing Section 2. Your signature at the bottom of this page also constitutes your agreement with the declaration of Section 1.

Section 1

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. The pulse and respiration are normal. 2. The temperature is normal. 3. The eyes are clinically normal. 4. The heart was auscultated and found normal. 5. No history or evidence of being a bleeder while racing. 6. No history or evidence of nerving. 7. No history or evidence of laminitis. 8. No surgery has ever been performed. 9. No digestive disorder past or present. 10. No previous history of colic. 11. Horse appears in good health. 12. No indication of infection or disease. | <ol style="list-style-type: none"> 13. If male, HORSE is not believed to be cryptorchid. 14. If male, both testicles evident and palpate normally. 15. If female, no external symptoms detrimental to normal breeding. 16. No history or evidence of lameness. 17. No history or evidence of firing or blistering. 18. The stabling is adequate. 19. There is no contagious or infectious disease on premises or neighborhood. 20. If foul, birth was normal with no complications. 21. HORSE has received no medication in the part year other than routine. 22. No conformational abnormalities that would interfere with the HORSES intended use or could lead to life threatening problems. 23. No early signs or indication of ataxia. |
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I declare (to the best of my professional knowledge) that the statements listed above are correct in respect of the subject HORSE with the exception of those listed bellow (please give full details):
 Incorrect statement numbers and comments:

Statement	

Section 2

1. Date of Coggins test. (Optional not required) _____
2. Please list disease currently inoculated against. (If available) _____
3. If female, is she reported in foal? _____
4. If so, what is her last breeding date? _____
5. What was the last worming date of the HORSE? _____
6. Are you the usual VETERINARIAN for the HORSE? _____

PLEASE ATTACH ANOTHER PAGE IF YOU NEED TO EXPAND ON ANYTHING IN EITHER SECTION 1 OR 2 OR ANY OTHER ISSUES THAT YOU FEEL ARE RELEVANT TO THE HEALTH OR ENVIRONMENT OF THE HORSE.

Except as noted above, I certify that to the best of my knowledge and belief this HORSE is healthy and sound and in my opinion is a suitable candidate for mortality insurance for the use stated above.

Date and time of examination: _____ VETERINARIAN Signature: _____