



# EQUI-CARE

## Veterinary Certificate of Examination for Equine Mortality Insurance

(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?  YES  NO  
 Heart & Lung auscultation normal at rest and after work?  YES  NO  
 Eyes Clinically normal?  YES  NO  
 Any history or evidence of a bleeder  YES  NO  
 Any history or evidence of neurectomy or fasciotomy?  YES  NO  
 Any history or evidence of laminitis, clubfoot or P3 Rotation?  YES  NO  
 Hoof tester results Negative?  YES  NO  
 In your opinion, is there any clinical evidence of lameness or significant conformational defects or other pathological conditions  YES  NO  
 If Yes, Explain: \_\_\_\_\_

Does this horse manifest clinical evidence of contagious or infectious disease?  YES  NO If Yes, Explain: \_\_\_\_\_  
 Any history or clinical evidence of any surgery?  YES  NO  
 Any Colic within the last twelve (12) months?  YES  NO  
 If Yes, date/type (surgical/medical) of last colic: \_\_\_\_\_  
 If **mare**, is she currently pregnant?  YES  NO  
 Date of last pregnancy exam: \_\_\_\_\_  
 Due Date: \_\_\_\_\_  
 If **male**, are both testicles palpable?  YES  NO  
 Has horse been castrated?  YES  NO If Yes, When? \_\_\_\_\_

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 take (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 WHV?  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**  YES  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: \_\_\_\_\_

**\*\*Veterinarian certificates must be received by us within 30 days of examination or will be considered void\*\***

**Western Provinces and Territories:**

CapriCMW Insurance Services Ltd.  
100 - 1500 Hardy Street, Kelowna, BC V1Y 8H2

**TF** 1 800 670 1877 **F** 1 888 822 6115  
**E** agri@capricmw.ca **W** capricmw.ca/equine

**Ontario and Provinces Eastward:**

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