



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 taken (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 WNV? 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:
 CapriCMW Insurance Services Ltd.
 15221 Yonge Street, Aurora, ON L4G 1L8
TF 1 888 394 3330 **F** 1 888 822 6115
E forms@equicare.ca **W** capricmw.ca/equine