



**EQUI-CARE**  
**Veterinary Certificate of Examination for Equine Mortality Insurance**  
 100 – 1500 Hardy Street, Kelowna, BC V1Y 8H2 Phone: 1-800-670-1877 Fax: (250) 860-1213 agri@capri.ca

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 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: (\_\_\_\_) \_\_\_\_\_

Use these codes: **M** – Mare **F** – Filly **C** – Colt **S** – Stallion **G** - Gelding

Temperature, Pulse and respiration normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart & lung auscultation normal at rest and after work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eyes Clinically normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any history or evidence of a bleeder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any history or evidence of horse being nerved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any evidence or history of laminitis, club foot or P3 Rotation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hoof tester results Negative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the horse properly shod ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any objectionable habits	<input type="checkbox"/> Yes <input type="checkbox"/> No
In your opinion, is there any clinical evidence of lameness or significant conformational defects or other pathological conditions (Explain below)	_____

Does this horse manifest clinical evidence of contagious or infectious disease? (Explain below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any history or clinical evidence of any surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any colic within the last twelve (12) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', date /type (surgical/medical of last colic:	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	
If mare, is she currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last pregnancy exam _____	
Due date _____	
If male, are both testicles palpable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has horse been castrated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____	

Are you the regular veterinarian for this horse? Yes  No

Are you aware of any history of unsoundness, injury or disease on this horse?  Yes  No If Yes, please explain \_\_\_\_\_

Provide details of any degenerative changes, 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 treatments, 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 \_\_\_\_\_

Official EIA test run? Yes No Date \_\_\_\_\_ Result \_\_\_\_\_ Lab \_\_\_\_\_

Has the horse been fully and regularly inoculated, including for West Nile Virus?  Yes  No

If any surgery has been performed, describe and confirm that the horse has clinically recovered \_\_\_\_\_

Is any type of surgery being contemplated or is there any deformity or conformational abnormality which could predispose the animal toward the need for any surgical repair or correction? \_\_\_\_\_

Any knowledge, of other medical facts that might interest the insurer? Yes  No  (if yes, Explain below)

Explanation of abnormal findings or additional comments \_\_\_\_\_

Time of Examination \_\_\_\_\_ am  pm

Signed \_\_\_\_\_ (Veterinarian)

Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

EMAIL \_\_\_\_\_

I certify I have no knowledge contrary to above statements:

Signed (Owner/Agent/Trainer) \_\_\_\_\_

Date \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

EMAIL \_\_\_\_\_

**\*\* VETERINARIAN CERTIFICATES MUST BE RECEIVED BY CAPRI WITHIN 30 DAYS OF EXAMINATION OR WILL BE CONSIDERED VOID\*\***