

Producer's Name	All American Horse Insurance	Applicant's Name	_____
Agency Code	87-220828	FEIN or SOC SEC #	_____
Mail Address	PO Box 300384	Mail Address	_____
City, ST Zip	Glenwood, UT 84730	City, ST Zip	_____
Phone	(888)777-7175 or (435) 896-4593	Phone	() -
Fax	(435) 893-0920	Fax	() -
E-mail Address	allamericanhorseinsurance@yahoo.com	E-Mail Address	_____

VETERINARIAN'S STATEMENT OF EXAMINATION FOR MORTALITY INSURANCE

I, _____ hereby certify that I have this ____ day of ____ examined the following animal(s) at rest and in motion:
 (Please Print Name)

(1) Name _____ (2) Name _____ (3) Name _____

1. How long have you been the veterinarian for the above animal(s)? _____
2.
 - a. Do both eyes of the animal(s) appear clinically normal? Yes No
 - b. Were the eyes examined with an ophthalmoscope? Yes No
 - c. Do the lungs and heart sounds fall within normal ranges? Yes No
 - d. Do normal intestinal sounds emanate from all quadrants of the abdominal cavity? Yes No
 - e. Have you examined the animal(s) without the aid of chemical restraint? Yes No
 - f. Have you observed the animal(s) in gaits/movements expected for its breed and use? Yes No
 - g. Does the animal(s) appear relaxed and free of pain in all gaits/movements observed? Yes No
 - h. Do radiographs appear clinically normal? ** Yes No
 - i. Date radiographs were taken: _____ Views Taken: _____

** Radiographs required when the Loss of Use coverage is being requested. (two views of each front foot and hocks are required)

If "No" to any of the above, please identify the animal and give pertinent clinical details. _____

3.
 - a. Does the animal(s) show any evidence or history of nerving? Yes No
 - b. Does there now exist, or has there recently been any infectious disease in your area? Yes No
 - c. Other than for routine care, is the animal(s) receiving regular treatment or medication? Yes No
 - d. Does the animal(s) examined show any symptom of previous sickness, disease or injury? Yes No
 - e. Has the animal(s) listed ever had colic/bloat or indigestion? Yes No
 - f. Does the animal(s) exhibit any respiratory or circulatory distress? Yes No
 - g. Is the animal(s) listed subject to chronic metritis and/or mastitis? Yes No
 - h. Is the animal(s) listed pregnant? If Yes, give the expected date of birth below. Yes No
 - i. If the animal(s) is a breeding animal, to your knowledge is there any history of gestation, lactation, or parturition problems? ... Yes No
 - j. Has the animal(s) been vaccinated for West Nile Virus? If Yes, please provide date of first vaccine and date of booster below ... Yes No
 - k. Has the animal(s) been HYPP tested? If Yes, provide results below Yes No
 - l. Has the animal(s) experienced any HYPP signs or symptoms? Yes No

If Yes, to any of the above, please identify the animal(s) and give details. _____

4. Please give a brief history of any major surgery and/or treatment for disease or injury you have performed on the animal(s) listed during the last year _____

 Veterinarian's Signature

 Date

 Telephone Number

Veterinarian's Address: _____