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Cowley Insurance Agency

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EQUINE INSURANCE APPLICATION VETERINARIAN CERTIFICATE VETERINARIAN'S EXAMINATION

NAME OF HORSE: _____ APPLICANT: _____

	Yes	No
1. Is there any pulse or respiration problems?		
2. Is temperature above or below normal?		
3. Any eye problems?		
4. Any heart, lung or breathing problems?		
5. Any history or evidence of bleeder?		
6. Any history or evidence of nerving?		
7. Has history or evidence of surgery?		
8. Any colic within the past 12 months?		
9. Has horse been ill or injured within the past 12 months?		
10. Any lameness or conformational defects?		
11. If mare, is she in foal?		
12. Any past breeding or foaling problems?		
13. If male, any problems with testicles?		
14. Any vices or objectionable habits?		
15. Any evidence of contagious disease on premises?		
16. Any other medical facts affecting insurance?		

If any answer is "yes" above, please provide details:

ADDITIONAL FOR FOALS UNDER 150 DAYS (Newborn foals must be examined at 24 hours, not before)	Yes	No
1. Was birth normal without complications?		
2. Is foal an orphan?		
3. Has foal received any medication?		
4. CBC normal on this date?		
5. IgG test results:		

Additional Comments:

I have examined the following animal(s), have seen them in motion at the walk or trot and answer the following to the best of my knowledge.

VETERINARIAN NAME:	SIGNATURE	
ADDRESS:		
PHONE NUMBER:	DATE:	TIME: