

# AEVA CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE PURPOSES

Owner and Address (if known): .....

Animal presented as: ..... Breed: .....

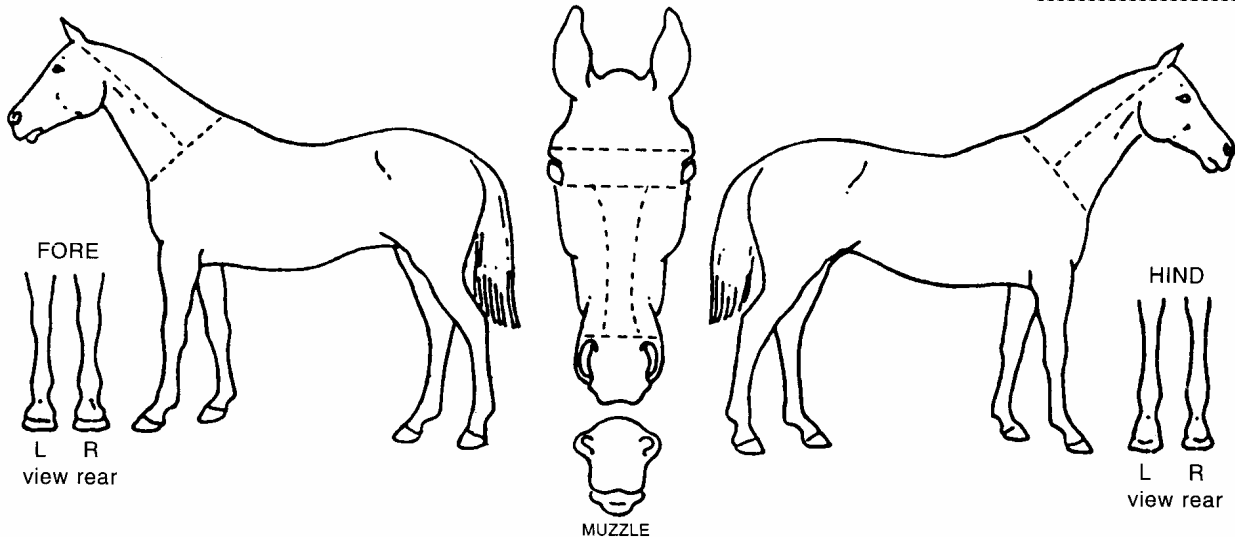
If Animal Unnamed: Sire: ..... Dam: .....

Colour: ..... Age: ..... Sex: ..... Approx. Ht: .....

Person requesting examination: .....

Place of examination: .....

Draw Brands and/or Markings: Mark whorls as X, scars as → Microchip Scanned  No: .....



Has your practice previously attended this horse? Regularly  Occasionally  Never

	YES	NO
Does your practice normally attend this property?	<input type="checkbox"/>	<input type="checkbox"/>
Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>
Temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>
Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>
Heart auscultated and found normal?	<input type="checkbox"/>	<input type="checkbox"/>
Any indication of infection or disease?	<input type="checkbox"/>	<input type="checkbox"/>
Any physical evidence of laminitis?	<input type="checkbox"/>	<input type="checkbox"/>
Is the horse lame at the walk or trot?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any evidence of ataxia?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any obvious physical evidence of a previous abdominal surgery?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Broodmares</b>	-----	-----
Is she reported in foal?	<input type="checkbox"/>	<input type="checkbox"/>
Any external condition detrimental to satisfactory breeding?	<input type="checkbox"/>	<input type="checkbox"/>
Has an internal examination of the reproductive organs been conducted?	<input type="checkbox"/>	<input type="checkbox"/>
<i>(If so attach a separate sheet detailing examinations conducted, dates and findings)</i>	-----	-----
<b>Stallions</b>	-----	-----
Are the external genitalia palpably and visibly normal?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foals (over 24 hours and under 30 days of age)</b>	-----	-----
Is the appearance and behaviour of the foal consistent with normal gestation and parturition?	<input type="checkbox"/>	<input type="checkbox"/>
Is respiration clear and regular?	<input type="checkbox"/>	<input type="checkbox"/>
Does the foal have significant flexor or angular limb deformities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foal IGG test result:</b>	-----	-----
IGG Level: .....	-----	-----
Performed by: Veterinarian <input type="checkbox"/> Laboratory <input type="checkbox"/> Stud <input type="checkbox"/>	-----	-----

Please give your opinion as to the significance of any abnormalities mentioned above

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*I have today performed a clinical examination of this horse in accordance with AEVA insurance guidelines and except as noted above to the best of my knowledge and belief the horse is clinically normal and in a satisfactory condition*

Signed: .....

Veterinary Surgeon (print): .....

AVA Member No: .....

Date: ..... Time: .....

Practice Name, address, telephone no: