

EXCALIBUR INSURANCE AGENCY - An Appointed Agent of StarNet Insurance Company

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VETERINARIAN EXAMINATION FORM

Horse(s) owned by: _____

Horses examined:

- 1) Name: _____ Age: _____ Sex: _____ Breed: _____ Use: _____
- 2) Name: _____ Age: _____ Sex: _____ Breed: _____ Use: _____
- 3) Name: _____ Age: _____ Sex: _____ Breed: _____ Use: _____

To the best of your knowledge, are there now or have there ever been any:

horse #1 horse #2 horse #3

- a) pulse, respiration or temperature abnormalities?..... _____
- b) eyes or vision defects?..... _____
- c) heart defects or heart murmurs?..... _____
- d) bleeding, nerving, firing or blistering?..... _____
- e) gastrointestinal disorders or colic incidents?..... _____
- f) operations performed?..... _____
- g) lameness or unsoundness of limbs?..... _____
- h) conformation faults?..... _____
- i) vices or objectionable habits?..... _____
- j) indications of contagious disease on the premises or in the area?..... _____
- k) medical facts affecting life, health or use?..... _____
- l) dangers to life or limb related to an illness, injury or disease?..... _____

Additional questions:

- m) If female, is she in foal? (provide due date)..... _____
- n) If female, any breeding or foaling problems?..... _____
- o) If male, has he been gelded?..... _____
- p) If male, any problems with testicles?..... _____

Questions for foals under 30 days (not examined before 24 hours):

- q) Were there any foaling complications?..... _____
- r) Is the foal an orphan?..... _____
- s) Has the foal received any medication?..... _____
- t) Is CBC normal?..... _____
- u) IgG level - provide measurement..... _____

Please explain any 'yes' answers, including dates and treatment given. Also advise how any operation, illness, injury or disease will affect the life, health or use of the animal: _____

I have examined the horse(s) named above, at rest and while in motion.

Veterinarian's Signature: X _____

Date of Exam: _____

Time of Exam: _____

Veterinarian's Name: _____

Address: _____

Telephone Number (_____) _____ Facsimile Number (_____) _____

COVERAGE IS BOUND ONLY WHEN A BINDER HAS BEEN ISSUED BY THE COMPANY.

*****RETURN THIS COMPLETED FORM TO THE INSURANCE AGENT. Please do not mail directly to StarNet.*****