

FOAL VETERINARY CERTIFICATE FOR MORTALITY INSURANCE

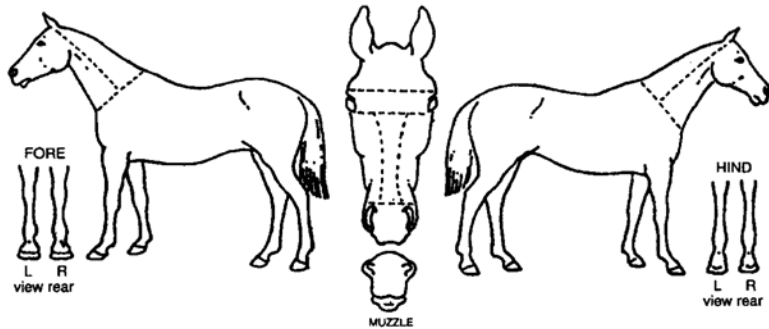
For horses aged between 24 hours and 45 days only

Owner and Address (if known) _____
 Animal presented as _____ Breed _____
 If Animal Unnamed: Sire _____ Dam: _____
 Colour _____ Age: _____ (days) Sex: _____
 Person requesting examination _____
 Place of examination: _____

Do you normally attend this property? Yes No

Draw Markings:

Mark whorls as X,
 Scars as →



Section 1

1. Is the foal's appearance and behaviour consistent with normal gestation and parturition? Yes No
2. Does the mare allow the foal to nurse without being restrained? Yes No
3. Is the foal able to get up and down and nurse on its own? Yes No
4. Does the foal show clinical evidence of colic? Yes No
5. Has milk been observed at the nostrils following suckling? Yes No
6. Is severe parrot mouth present? Yes No
7. Is there evidence of congenital cataracts or other abnormalities of the eyes? Yes No
8. Does the foal have significant flexor or angular limb deformities? Yes No
9. Is there evidence of rib fracture? Yes No
10. Is the umbilicus dry and normal? Yes No
11. Does the foal have a patent urachus? Yes No
12. Is there evidence of umbilical or inguinal hernia? Yes No
13. Is there clinical evidence of diarrhoea? Yes No
14. Is there clinical evidence of retained meconium? Yes No
15. Is the heart normal on auscultation? Yes No
16. Are the lungs normal on auscultation? Yes No
17. Is the gastro-intestinal tract normal on auscultation? Yes No
18. Is there clinical evidence of ataxia or lameness? Yes No
19. Is the temperature normal? Yes No
20. Is the pulse rate normal? Yes No
21. Is the respiratory rate normal? Yes No
22. Has a haemogram been performed? Yes No
23. If yes to 22 above, are all readings within normal limits? Yes No

I have today performed a clinical examination on this horse in accordance with AEVA Insurance guidelines, and declare that to the best of my professional knowledge the horse is clinically normal and in a satisfactory condition, except as noted.

Section 2

1. What medication has the foal received post partum? _____
2. IgG Test. Where multiple tests have been done, dates, times and results of all tests must be recorded.

Time after birth	Level	Performed by Stud/Lab/Vet

3. Has a colostrum supplement been given to the foal and if so, when? _____
4. Has plasma been given to the foal and if so, when? _____
5. Is a nurse mare being used for this foal and if so, has the nurse mare accepted the foal? _____

Date and time of examination: _____ Signature: _____

Signed:
 Veterinary Surgeon (print):
 AVA Member No:
 Date: Time:

Practice Name, address, telephone no: