Energy Equine Insurance Agency Inc.
309 Fall Harvest Court, Louisville, KY 40223
(800) 999-6986 Phone | (502) 244-0724 Fax

VETERINARIAN EXAM INFORMATION

HORSE(S) OWNED BY: _____

(1) _____ (HORSE NAME)	(2) _____ (HORSE NAME)	(3) _____ (HORSE NAME)
AGE_____ SEX_____	AGE_____ SEX_____	AGE_____ SEX_____
BREED_____ USE_____	BREED_____ USE_____	BREED_____ USE_____

To the best of your knowledge:	(1)	(2)	(3)
a) Is there any pulse or respiration problem?			
b) Is temperature abnormal?			
c) Are there any eye problems?			
d) Are there any heart defects (i.e., heart murmurs)?			
e) Is there any history or evidence of bleeding, nerving, firing, or blistering?			
f) Have there been any gastrointestinal disorders or colic incidents? When?			
g) Has any operation been performed?			
h) Has there been any illness or injury in the past twelve months?			
i) Is there any likelihood of future danger to life or limb as a result of any operation or illness?			
j) Is there any lameness, unsoundness of limb or faulty conformation? If yes, describe below.			
k) If female: a) is she in foal? (if so, state due date)			
b) any past breeding or foaling problems?			
l) If male: a) any problems with testicles?			
b) has horse been gelded?			
m) Are there any vices or objectionable habits?			
n) Are there any indications of contagious disease on the premises or in the area?			
o) Are there any other medical facts affecting life, health, or use?			
p) List date of the last worming and indicate frequency.			

How will any condition noted affect the life, health, or usefulness of the animal?

_____

_____

Additional Comments:_____

_____

I, _____, have examined the horse(s) named, at rest and while in motion.
(VETERINARIAN'S NAME - PLEASE PRINT)

ADDITIONAL FOR FOALS UNDER 30 DAYS
(Newborn foals must not be examined before 24 hours old.)

q) Were there any foaling complications? _____
r) Is foal an orphan? _____
s) Has foal received any medication? _____
t) CBC normal? _____
u) IgG normal? _____

SIGNATURE X	
ADDRESS	
OFFICE PHONE( )	OFFICE FAX( )
DATE OF EXAM	TIME ¨ AM ¨ PM

* This form must be received by the company within 20 days.