

(For horses aged between 24 hours and 45 days only)

Careful observation should be made as to housing conditions and the presence of contagious or infection diseases or other issues relevant to the health/wellbeing of the HORSE.

VETERINARIAN _____	Address _____
Licensed to practice in _____	_____
Telephone _____	_____
Name of Practice _____	in State of _____
Owner/INSURED _____	at (farm) _____
Foaling date and time _____ Sex _____	Color _____
Breed _____ Sire _____	Dam _____

Instructions to Examining VETERINARIAN completing this form. Please read the following statements and declaration in Section 1 before completing Section 2. Your signature at the bottom of this page also constitutes your agreement with the declaration in Section 1.

Section 1

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. The foal was not premature. 2. The mare has not previously had a jaundiced foal. 3. The mare has adequate milk. 4. The mare allows the foal to nurse without being restrained. 5. The foal is able to get up and down and nurse on its own. 6. The foal has shown no sign of colic. 7. There is no evidence of cleft palate or parrot mouth. 8. There is no evidence of congenital cataracts or other abnormalities of the eyes. 9. There are no flexural deformities. 10. No ribs have been broken during parturition. 11. The umbilicus is dry and normal. 12. The foal does not have patent urachus. 13. There is no evidence of umbilical or inguinal hernia. | <ol style="list-style-type: none"> 14. There is no evidence of diarrhea. 15. The meconium has passed. 16. The heart is normal on auscultation. 17. The lungs are normal on auscultation. 18. The gastro intestinal tract is normal on auscultation. 19. The locomotion of the foal is normal. 20. The temperature is normal. 21. The pulse rate is normal. 22. The respiratory rate is normal. 23. There are no contagious or infectious diseases on the premises or in the neighbourhood. 24. The stabling is adequate. 25. The CBC reading is normal. 26. The WBC is between 5.0 and 12.6. |
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I declare (to the best of my professional knowledge) that the statements listed above are correct in respect of the subject foal with the exception of those listed below (please give full details):

Incorrect statement numbers and comments:

Statement	

Section 2

1. Please list disease currently inoculated against. _____ (If available)
2. What medication has the foal received post partum? _____
3. What was the IgG reading of the foal's blood? _____
4. At what age was the sample taken? _____
5. How many times were IgG levels taken? Show all results and times _____
Has a colostrum supplement been given to the foal and if so, when? _____
6. Has plasma been given to the foal and if so, when? _____
7. Is a nurse mare being used for this foal and if so, has the mare accepted the foal? _____

PLEASE USE THE BACK OF THE PAGE IF YOU NEED TO EXPAND ON ANYTHING IN EITHER SECTION 1 OR 2 OR ANY OTHER ISSUES THAT YOU FEEL ARE RELEVANT TO THE HEALTH OR ENVIRONMENT OF THE FOAL.

Except as noted above, I certify that to the best of my knowledge and belief this foal is healthy and sound and in my opinion is a suitable candidate for mortality insurance.

Date and time of examination: _____ VETERINARIAN Signature _____