Veterinary Certificate of Examination for Full Loss of Use and Mortality Exclusively Underwritten By: AMERICAN EQUINE INSURANCE GROUP Applicant: Producer: Horse's Name:___ _Date of Birth:_____ Sex:____Ht.:___Breed: ____ Current and/or Intended Use:____ Level: USEF: Other: Color: LD. #'s - Tattoo: FFI: For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry HYPP, please indicate the horse's HYPP status. (Circle one.) N/N N/H H/H N/A Describe type of work the horse has been in the last six months. If at rest or turned out, why? Pulse and Respiration normal at rest and after work? Yes □ ΝоΠ Has the horse ever had colic surgery? Yes □ № П Heart auscultation normal at rest and after work? Yes □ ΝοП Subject to or any previous history of colic? Yes □ No □ No □ History or evidence of a bleeder? Respiration auscultation normal at rest and after work? Yes □ No □ Temperature normal? Yes □ No □ History or evidence of nerving? Yes □ No □ Eyes clinically normal? Yes □ No □ Any evidence or history of laminitis, club foot, or P3 rotation? Yes □ No \square Palpations normal? Any evidence of infection or disease? Yes □ No □ Yes □ No □ Back Contagious diseases on premises or locally? Yes □ No □ Stifles Yes □ No □ Is there evidence of objectionable habits? Vices? No □ Yes □ Knees Yes No □ Any history of uncharacteristic behavior in the last 24 months? Yes □ No □ Yes □ Hocks No □ Fetlocks Yes □ No □ Any major conformation faults, which may affect the Yes □ Tendons and Ligaments No □ horse for its intended use, short or long term? Yes □ No □ (Please note any swelling, heat, stiffness and/or pain for any answer "No".) Any evidence of lameness jogging straight or Hoof tester results negative? Yes □ No □ on circles in both directions? Yes □ № П Properly shod? Yes □ No □ Yes □ No □ Any evidence of bone or joint disease? Is the stabling and turn out safe and adequate? Yes □ No □ If any are answered yes, please explain on a separate page. If any are answered no, please explain on a separate page. If the horse is a stallion, are both testicles evident? Type and schedule of worming program: If the horse is a mare, is she in foal? Yes □ No □ If the horse is a mare, any history of dystocia? Yes □ No □ Any symptoms detrimental to satisfactory breeding? Yes □ № П **Drug Screen Results:** Required for horses valued over \$25,000. Must be taken at the time of the exam. Please attach results. Please explain on a separate page any abnormal answers. Are you the usual veterinarian for the applicant? Yes □ No □ If no, have you treated/examined this horse previously. Explain:____ Are you aware if the horse has received any performance enhancing procedures, including intramuscular and/or joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? Yes □ No □ Yes □ Have you or any other veterinarians attended the horse for any ailment, injury, lameness, or medical problem in the last 12 months? № П Are you aware of any pre-existing conditions? Yes □ No □ Has the horse ever undergone surgery? Yes □ No □ Are you aware of any condition, past or present, that could require surgical or medical attention in the next 12 months? Yes □ No □ If any are answered yes, please explain on a separate page. Active and Passive Flexion Test Results: Active test with the horse jogging immediately on a hard surface. Written Evaluation: X-rays: Must be current within 3 months. Please list below all radiographic findings, especially those that may affect the horse's long and short-term intended use. If possible, use any previous X-rays for comparisons, i.e. navicular. All views listed below are required for Full Loss of Use coverage. If additional views were taken, please describe results. Use a separate page if necessary. Note: NSF and WNL are not acceptable descriptions for findings. Front Feet – Lateromedial, dorsal ventral, navicular skyline: Front Fetlocks - A/P views: Hind Fetlocks - A/P views: Hocks - Lateral projection, craniocaudal projection, both oblique: Stifles - Lateromedial views: Give your general evaluation for the above named horse, and your professional opinion on soundness, both short and long-term, for its intended use. , do certify that I am a graduate veterinarian holding a current license as such to practice in the ___, and that I have on this day examined the above named horse. State of Veterinarian's signature:__ as the Owner or representative for the owner as the primary trainer and/or caretaker, have provided to the veterinarian to the best of my ability accurate and complete information on the above named horse.

Owner, trainer, or primary caretaker's signature:_

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