

## PREGNANCY CERTIFICATE

## C. Jarvis International GmbH

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# VETERINARY CERTIFICATE OF EXAMINATION FOR PROSPECTIVE FOAL INSURANCE (Not Necessary for Specified Perils Coverage - F.L.T.)

Animals being examined for insurance should be moved from outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining Veterinarian to the best of his ability as a licensed Veterinarian.

I, \_\_\_\_\_, do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the State of \_\_\_\_\_ and that I have this day examined: Owned by \_\_\_\_\_

Name

Address

Sire/Dam &amp; Recip Name/Number

A. \_\_\_\_\_ D. \_\_\_\_\_  
B. \_\_\_\_\_ E. \_\_\_\_\_  
C. \_\_\_\_\_ F. \_\_\_\_\_

|                                               | A                        |                          | B                        |                          | C                        |                          | D                        |                          | E                        |                          | F                        |                          |
|-----------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                               | Yes                      | No                       | Yes                      | No                       | Yes                      | No                       | Yes                      | No                       | Yes                      | No                       | Yes                      | No                       |
| 1. Pulse and respiration normal?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Temperature normal?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Eyes clinically normal?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Heart Auscultated and found normal?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. History or evidence of bleeder?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. History or evidence of nerving?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Any evidence of laminitis or founder?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has any surgery ever been performed?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has animal been castrated?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. If male, is genitalia evident and normal? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. If female, is she reported in foal?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Subject to previous history of colic?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Any digestive disorder present?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Any indication of infection or disease?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If any surgery has been performed, describe type of surgery and date \_\_\_\_\_

If surgery has been performed, has animal fully recovered? \_\_\_\_\_

Is there any likelihood of future danger to life or limb as a result of such surgery? \_\_\_\_\_

Any lameness or faulty conformation or other abnormal conditions? \_\_\_\_\_

Is the stabling adequate? \_\_\_\_\_ Is there evidence of vices or objectionable habits? \_\_\_\_\_

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company? \_\_\_\_\_

Has official E.I.A. Test been run? \_\_\_\_\_ Date \_\_\_\_\_ Lab. No. \_\_\_\_\_ Result: \_\_\_\_\_

EXCEPT AS NOTED ABOVE, I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ANIMAL IS IN INSURABLE CONDITION.

1. Remarks

Last date mare was bred: \_\_\_\_\_

Mortality value of embryo (if known): \_\_\_\_\_

Mare is carrying a single, live, viable fetus: \_\_\_\_\_

Age of mare carrying foal (approximate - if unknown): \_\_\_\_\_

Foaling history of mare carrying foal: \_\_\_\_\_

2. Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**SINGLE, LIVE, VIABLE FETUS MUST BE CONFIRMED BY PALPATION OR ULTRASOUND ON THE DATE OF THIS EXAMINATION. PLEASE INDICATE WHICH WAS PERFORMED.**