Broadstone Equine Insurance Agency
www.BroadstoneEquine.com
phone (888) 687-8555 fax (540) 554-2475

Producer's Name	Broadstone Equine Insurance Agency	Applicant's Name	
Mail Address	PO Box 978	Mail Address	
City, ST Zip	Middleburg, VA 20118	City, ST Zip	
Phone	(888) 687-8555	Phone	( ) -
Fax	(540) 554-2475	Fax	( ) -
E-mail Address	info@BroadstoneEquine.com	E-Mail Address	

VETERINARIAN'S STATEMENT OF EXAMINATION FOR MORTALITY INSURANCE

I, _____ hereby certify that I have this _____ day of _____ examined the following animal(s) at rest and in motion:
(Please Print Name)

(1) Name _____ (2) Name _____ (3) Name _____

1. How long have you been the veterinarian for the above animal(s)? _____

2. a. Do both eyes of the animal(s) appear clinically normal? ☐Yes ☐No
   b. Were the eyes examined with an opthalmoscope? ☐Yes ☐No
   c. Do the lungs and heart sounds fall within normal ranges? ☐Yes ☐No
   d. Do normal intestinal sounds emanate from all quadrants of the abdominal cavity? ☐Yes ☐No
   e. Have you examined the animal(s) without the aid of chemical restraint? ☐Yes ☐No
   f. Have you observed the animal(s) in gaits/movements expected for its breed and use? ☐Yes ☐No
   g. Does the animal(s) appear relaxed and free of pain in all gaits/movements observed? ☐Yes ☐No
   h. Do radiographs appear clinically normal?** ☐Yes ☐No
   i. Date radiographs were taken: _____ Views Taken: _____

   ** Radiographs required when the Loss of Use coverage is being requested. (two views of each front foot and hocks are required)

   If "No" to any of the above, please identify the animal and give pertinent clinical details. _____

3. a. Does the animal(s) show any evidence or history of nerving? ☐Yes ☐No
   b. Does there now exist, or has there recently been any infectious disease in your area? ☐Yes ☐No
   c. Other than for routine care, is the animal(s) receiving regular treatment or medication? ☐Yes ☐No
   d. Does the animal(s) examined show any symptom of previous sickness, disease or injury? ☐Yes ☐No
   e. Has the animal(s) listed ever had colic/bloat or indigestion? ☐Yes ☐No
   f. Does the animal(s) exhibit any respiratory or circulatory distress? ☐Yes ☐No
   g. Is the animal(s) listed subject to chronic metritis and/or mastitis? ☐Yes ☐No
   h. Is the animal(s) listed pregnant? If Yes, give the expected date of birth below. ☐Yes ☐No
   i. If the animal(s) is a breeding animal, to your knowledge is there any history of gestation, lactation, or parturition problems? ☐Yes ☐No
   j. Has the animal(s) been vaccinated for West Nile Virus? If Yes, please provide date of first vaccine and date of booster below ☐Yes ☐No
   k. Has the animal(s) been HYPP tested? If Yes, provide results below ☐Yes ☐No
   l. Has the animal(s) experienced any HYPP signs or symptoms? ☐Yes ☐No

   If Yes, to any of the above, please identify the animal(s) and give details. _____

4. Please give a brief history of any major surgery and/or treatment for disease or injury you have performed on the animal(s) listed during the last year _____

_____ Veterinarian's Signature

_____ Date

_____ Telephone Number

Veterinarian's Address: _____