

VETERINARY CERTIFICATE

I, the undersigned Veterinarian,,
 certify that I have examined on -- /- -/ - - - - at Mr/Mrs/Miss
 residing at
 the horse named hereafter and have checked its particulars in regard to its accompanying document..
 Name : Electronic identification number :
 Sex : Breed : Date of birth -- /- -/ - - - -

I DECLARE IN PARTICULAR :

- That its limbs are sound and clean (no malformation or deformation, or cauterising scars..)
- That it has no major defect in stand or lameness
- That its character is normal (no aggressiveness, stereotype, stubbornness, for example)
- That its lungs are normal (breathing pattern, frequency and auscultation in a calm place)
- That the ophthalmological examination shows no anomalies
- That its digestive system does not appear to have any disorder
- That it has not undergone any surgical operations such as, in particular: neurotomy, cornage surgery, tendon operations. Otherwise, state under "Comment", the date and type of operation
- That a cardiac examination, carried out before and after exercise, showed no anomaly
- That I have checked the superficial vascular system
- That the examination of the genitals did not show any malformation or disease affecting their function
- That it is regularly wormed (check of written schedules if possible)
- That it has a valid vaccination against tetanus and influenza and if it is a brood mare, against rhinopneumonia (state the date of the last vaccines concerned)
- That for the last year it has not been the subject of veterinary treatment resulting from an illness or an accident
- That is it suitable for the use stated, namely:.....

ORTHOPEDIC EXAMINATION :

- Balance: Normal.
- Soft swelling:(description & location)
- Hard swelling:(description & location)
- Hoof tester: Normal.
- Walking in zig-zag: no anomalies.
- Moving back: no anomalies.
- At a trot on the straight line on hard ground: Normal.
- Lunged at a trot on hard ground left rein: Normal
- Lunged at a trot on soft ground left rein: Normal
- Lunged at a trot on hard ground right rein: Normal
- Lunged at a trot on soft ground right rein: Normal
- Flexion test left front leg: Normal.
- Flexion test right front leg: Normal.
- Flexion test left hind leg: Normal.
- Flexion test right hind leg: Normal.

TESTS AFTER 5' OF GALLOP :

- Lunged at a gallop on soft ground: Normal.
- Cornage test (to be done immediately after 5' of gallop): Normal.
- Normal respiratory noises: Present.
- Respiratory frequency:
- Cardiac frequency:
- Permeability test of the Jugular Vein
- Cardiac auscultation: Normal.

REPORT ON RADIOGRAPHIC EXAMINATION OF THE LEGS :
Protocol :

- Forelegs LM, DPr65°PaDiO (without shoes!)
- Four fetlocks LM
- Hocks LM, DMPLO, DLPMO
- Stifles LM
- And every extra Radiography that can explain a medical constatation

Interpretation: (N: Normal – S: Suspect – A: Abnormal)

LEFT FORELEG	N	S	A	OBSERVATIONS
Proximal phalange				
Phalangial joint 1-2				
Intermediate phalange				
Phalangial joint 2-3				
Distal phalange				
Distal sesamoid bone				

RIGHT FORELEG	N	S	A	OBSERVATIONS
Proximal phalange				
Phalangial joint 1-2				
Intermediate phalange				
Phalangial joint 2-3				
Distal phalange				
Distal sesamoid bone				

LEFT FRONT FETLOCK	N	S	A	OBSERVATIONS
Distal extremity of condyle				
Proximal sesamoids				
Proximal extremity of first				

RIGHT FRONT FETLOCK	N	S	A	OBSERVATIONS
Distal extremity of condyle				
Proximal sesamoids				
Proximal extremity of first				

LEFT REAR FETLOCK	N	S	A	OBSERVATIONS
Distal extremity of condyle				
Proximal sesamoids				
Proximal extremity of first				

RIGHT REAR FETLOCK	N	S	A	OBSERVATIONS
Distal extremity of condyle				
Proximal sesamoids				
Proximal extremity of first				

RIGHT HOCK	N	S	A	OBSERVATIONS
Distal tibia				
Talus				
Calcaneus				
Proximal intertarsal joint				
Distal intertarsal joint				
Tarsometatarsal joint				
Proximal extremity of condyle				

LEFT HOCK	N	S	A	OBSERVATIONS
Distal tibia				
Talus				
Calcaneus				
Proximal intertarsal joint				
Distal intertarsal joint				
Tarsometatarsal joint				
Proximal extremity of condyle				

LEFT STIFLE	N	S	A	OBSERVATIONS
Patella				
Femur trochlia				
Femur internal condyle				
Femur external condyle				
Proximal extremity of condyle				

RIGHT STIFLE	N	S	A	OBSERVATIONS
Patella				
Femur trochlia				
Femur internal condyle				
Femur external condyle				
Proximal extremity of condyle				

OTHER EXAMINATIONS CONSIDERED NECESSARY BY THE VETERINARY CLINIC :

TYPE	OBSERVATIONS

I further declare that to my knowledge, there are no diseases deemed contagious in the neighbourhood and that this horse is accommodated in suitable facilities.

I certify that this horse is in a perfect state of health and maintenance, that it is free of any defect, any latent defect and that to my knowledge, it is suitable for insurance: YES NO

In addition, I certify that I am / am not the usual veterinarian of the insured.

COMMENTS – RESERVES :

Drawn up at: _____ On : ____/____/____

Signature and stamp of Veterinarian

Your horse is insured from receipt of this certificate sent to your broker by mail and/or by fax, provided that your horse is considered as "Suitable for insurance" as mentioned above and only as off the moment the cover has been approved and signed by Circles Group.