

Petplan Equine® Veterinary Certificate of Examination for Mortality Insurance

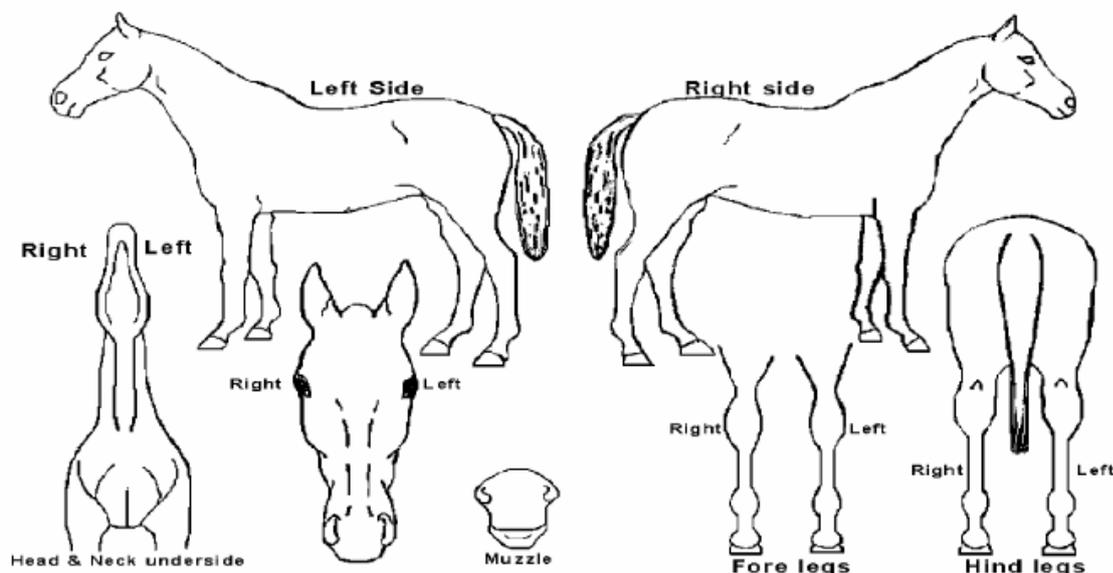
Section 1 - to be completed by the owner of the Horse (1 Horse per Certificate)

1. Details of horse proposed for Insurance

Name _____ Breed _____ Colour _____ Age _____

Brand/Markings/Micro chip/Tattoo No _____ Approx Height _____

Draw brands and markings, also mark whorls as @ and scars as >



2. Are you the sole owner of the above named horse on this Certificate? Yes No

If **NO** list name of co-owner or Lessor _____

3. Is the horse named on this certificate kept on your property? Yes No

If **NO** list stabling address _____

4. Who is your regular Vet? _____

Address _____

Phone _____

5. Is this horse on a regular worming and vaccination programme? Yes No

If **NO** list reason why not _____

If **YES** provide dates of last vaccination _____ worming _____

6. Has this horse ever been unsound in any way or been fired, blistered, nerved, operated on or received treatment for lameness at any time during your ownership? Yes No

If **YES** provide details _____

If **YES** has the horse made a partial or complete recovery? Yes No

7. Has horse ever exhibited symptoms or been treated for colic or any digestive disorders? Yes No

If **YES** provide details _____

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8. Has horse ever undergone diagnostic ultrasound, bone scan or x-rays? **Yes** **No**

If **YES** provide details _____

9. Has horse ever suffered melanomas, sarcoids, warts or any other skin growths or disorders? **Yes** **No**

If **YES** provide details _____

10. Has horse undergone surgery or received treatment from any Vet (other than routine vaccs, preventative care or obstetrics), or Physiotherapist/Chiropractor/Acupuncturist/Homeopathist or received any form of treatment for remedial purposes including farrier? **Yes** **No**

If **YES** provide details including recovery status _____

11. Has horse ever received joint injections? **Yes** **No**

If **YES** provide details _____

12. Has this horse ever been diagnosed with any hoof problems, founder, degenerative conditions, including but not limited to: neurological conditions, degenerative joint disease, laminitis, navicular disease, OCD or arthritis? **Yes** **No**

If **YES** provide details including recovery status _____

13. Do you own any other horses besides this horse? **Yes** **No**

If **Yes** Provide Details of our other horses (If you own more than 4 horses supply details on separate sheet)

Name	Breed	Age	Use	Value
1.				
2.				
3.				
4.				

14. Are your other horses insured? **Yes** **No**

If **Yes** Provide details _____

If **NO** provide details as to why _____

15. Have you filed an insurance claim on any horse in the last 5 years? **Yes** **No**

If **Yes** Provide details _____
(Name of Insurer/type of claim/amount paid)

16. Is the horse proposed for insurance in foal? **Yes** **No**

If **Yes** provide the following details, date served, date due to foal, stud service fee paid _____

17. Has this horse ever foaled before? **Yes** **No**

If **Yes** provide the following details No: of foals, Live births/ still births/ any foaling complications _____

I understand that the signing and delivery of this document does not bind me to complete the insurance, nor Petplan to issue a policy, but each answer in this application is a statement of fact which becomes a part of the policy should a policy be issued.

I am also aware that any person, who knowingly and with intent to defraud any insurance company or other persons, files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information on concerning facts material hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

By signing this declaration I acknowledge that I am aware that if any time it is discovered any of the statement of facts contained in this document are concealed or falsely stated, the policy may be modified, rescinded, or declared void from its inception at the sole option of the Petplan in accordance with our Policy Terms and Conditions.

Print Name _____ Signature of Horse Owner _____ Date ____/____/____

Petplan Equine® Insurance

1-3 Smolic Crt, Tullamarine, Vic, 3043 Ph: 1300 738 225 Fax: (03) 9339 3377 Email: info@petplan.com.au

Website: www.petplan.com.au Document ID 2711096F©

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Section 2 - to be completed by the Examining Veterinarian

The horse being examined for insurance should be moved outside of stable to be observed for any abnormalities on movement or structure. Careful observation and inquiry should be made as to housing conditions and the presence of contagious diseases. This Certificate must be completed by the examining veterinarian to the best of his/her ability as a qualified veterinarian. A separate Certificate is required for each horse and must be forwarded to Petplan Equine without delay. Certificates must be received by Petplan no more than 30 days from the time of the examination.

Vet Surgeon (print name) _____

Practice Name _____

Address _____

Phone _____ Signature _____ Date ___/___/___

1) Horse Presented Name _____

2) Address where examination carried out _____

3) Persons Present at examination _____

4) Are Brands/Markings etc consistent with those of horse listed on page 1 of this Certificate? **Yes** **No**
If **No** please advise breed, brands/markings etc of the horse you are examining _____

5) Are you the usual vet for this horse? **Yes** **No**

If **No**, who is this horses usual vet _____

6) Pulse and respiration Normal? **Yes** **No**

7) Is Temperature normal? **Yes** **No**

8) Eyes Clinically normal? **Yes** **No**

9) Heart auscultated and found normal? **Yes** **No**

10) History or Evidence of Nerving? **Yes** **No**

11) Any indication of infection or disease? **Yes** **No**

12) Subject to or any history of colic or digestive disorders past or present? **Yes** **No**

13) Any evidence of laminitis, navicular or lameness? **Yes** **No**

If **Yes** provide details _____

14) Any signs of founder, firing or blistering? **Yes** **No**

15) Any evidence of a Bleeder? **Yes** **No**

16) Any vices or objectionable habits? **Yes** **No**

If **Yes** provide details _____

17) Has the horse suffered any illness within the last 12 months? **Yes** **No**

If **Yes** provide details _____

18) Any evidence of weight loss? **Yes** **No**

If **Yes** provide details _____

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19) Any abnormality of the hair/coat? Yes No

If Yes provide details _____

20) Any signs of neurologic deficit, wobbler's syndrome, past or present? Yes No

If Yes provide details _____

21) Any evidence of melanoma, sarcoids, warts or any other type of skin growths or disorder? Yes No

If Yes provide details _____

22) If Stallion, are both testicles evident? Yes No

23) If a mare, is she reported to be in foal? Yes No

If Yes Date due to foal ____/____/____

24) Any past breeding or foaling problems? Yes No

If Yes provide details _____

25) Has any surgery been performed on this horse? Yes No

If Yes describe type of surgery _____

Date surgery performed ____/____/____

26) Has the horse fully recovered? Yes No

27) Is Dentition consistent with age? Yes No

If No provide details _____

28) Has the Horse been medicated in the last 90 days? Yes No

If Yes provide details _____

29) Circle the gaits that the horse was examined at: Walk Led Trot Lunged Trot Lunged Canter Gallop
Ridden walk, trot, canter

30) Any abnormalities in the horses' conformation? Yes No

If Yes provide details _____

Give complete details in regards to any of the above questions that might have a bearing on the health and soundness of this horse. In addition, state any other material facts that you feel should be brought to the attention of Petplan Equine Insurance.

Additional information required for foals proposed for insurance that are 30 days of age, and less than 90 days of age.

31) Was the birth normal without complications? Yes No

If Yes provide details _____

32) Does the foal stand and nurse normally? Yes No

33) Pulse strong and normal? Yes No

34) Is the foal an orphan? Yes No

If Yes provide details of how the dam died _____

35) Respiration regular and completely clear? Yes No

36) Has the foal received any medication? Yes No

If Yes provide details _____

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