



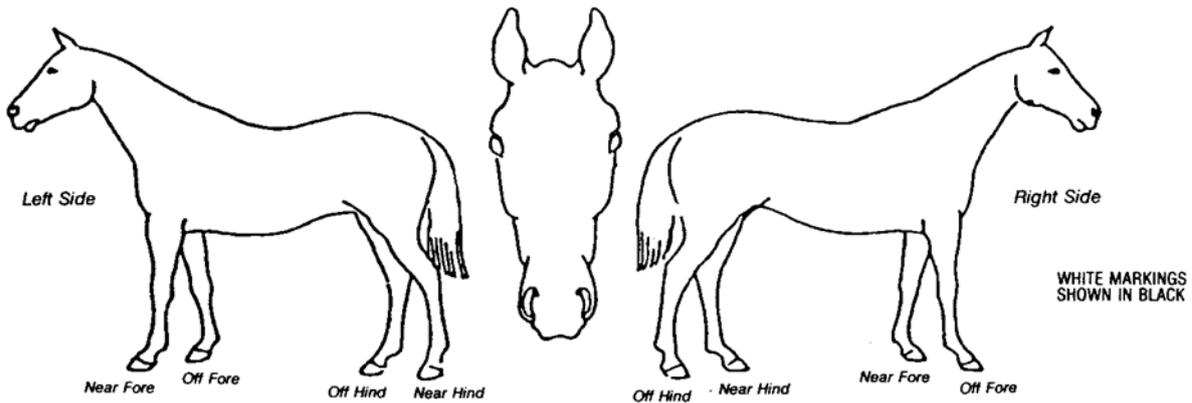
New Zealand Equine Veterinary Association

FOAL VETERINARY CERTIFICATE FOR MORTALITY INSURANCE - for horses aged between 24 hours and 45 days

This is to certify that at the request of _____ I have examined the foal described below at (place of examination) _____ on (date and time) _____

Foal Presented as:

Sire:	Dam:
Breed or type:	Colour:
Sex:	Date/Time of birth:



VETERINARY DECLARATION:

At the time of my examination, it was my opinion that:	Agree	Disagree
FOALS UNDER 8 DAYS:		
1. Meconium has been or reported by attending staff/owner to have been passed normally		
2. The foal's appearance & behaviour is consistent with normal gestation & parturition		
3. There is no physical evidence of rib fracture(s)		
4. IgG Reading: _____ No. of samples taken and by whom: _____	Date & Time: _____	
ALL FOALS:		
5. The foal is currently showing no signs of colic		
6. There is no evidence of a cleft palate		
7. There is no evidence of cataract or other eye abnormalities		
8. The foal has no clinically significant flexural or angular limb deformities		
9. The umbilicus is dry and showing no sign of infection or herniation		
10. There is no evidence of inguinal hernia		

11. There is no evidence of diarrhoea			
12. On auscultation, no abnormality of heart, lung and gastro-intestinal tract was			
13. The foal moves without signs of lameness and/or ataxia			
14. Has a haemogram including inflammatory markers (WBC, RBC, fibrinogen and/or SAA) been performed? Please attach results.		Yes	No
15. Are the haemogram results within normal limits?		Yes	No
16. The foal's rectal temperature was: _____ (°C)			
17. The foal's heart rate was:	Normal/abnormal	The foal's respiratory rate was:	Normal/abnormal

OWNER'S DECLARATION

18. Has the mare previously produced a jaundiced foal?	Yes	No	Don't know
19. Does the mare allow the foal to nurse without being restrained?		Yes	No
20. Is the foal able to get up and down and nurse on its own?		Yes	No
21. Are you aware of any illness during pregnancy or difficulty at birth?		Yes	No
22. Has milk been observed at the nostrils after suckling?		Yes	No
23. Is a nurse mare being used? If so, has the mare accepted the foal?		Yes Yes	No No
24. Has the mare been treated in the 3 months prior to birth (e.g. for placentitis)?		Yes	No
25. What medication has the foal received since birth?			
26. Was any Colostrum or Plasma supplement given? Yes _____ No _____ If yes, give details: _____			

**Other defects, signs of injury & functionally significant, abnormalities of conformation or behaviour observed and clarification on above findings are detailed here. Please record all administered or ongoing veterinary treatments:*

Declaration

I have today performed a clinical examination on this horse in accordance with NZEVA Insurance Guidelines. I declare that to the best of my knowledge the horse is clinically normal and in a satisfactory condition, except as noted. To the best of my knowledge, my practice has/has not provided regular/occasional veterinary care for this foal. I have/have no knowledge of the presence of infectious or contagious disease on the farm or in the neighborhood, likely to affect the health of the mare or the foal**

***If such is thought to exist, please detail and specify:*

VETERINARIAN'S SIGNATURE _____

DATE OF SIGNATURE _____

VETERINARIAN'S NAME _____

ADDRESS _____

TEL NO. _____

VSB/VPB NO _____