

Insurance Health Statement

Return,
Mark A Smith
grgenetics@aol.com
text picture 515-229-5227

Name: _____ Policy Number: _____

The animal(s) being examined should be moved about outside of the pen to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the Veterinarian to the best of his/her ability.

Veterinarian's Name & Address: _____ Phone: _____ Fax: _____

I do certify that I am a graduate Veterinarian holding a current license to practice in _____ (state) and that I have this date and time examined the following animal(s) owned by: _____

Name of Animal (or sire/dam) and/or ID#	Date of Birth	Breed	Sex	Color
A				
B				
C				

- | | A | B | C |
|--|--|--|--|
| 1. Pulse & respiration normal? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Temperature normal? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Eyes clinically normal? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Teeth in good condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Any indication of skin parasites? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Any indication of ring worm? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Any indication of mange? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Any indication of hernia? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Any indication of abscesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Any indication of tumors? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Anything detrimental to satisfactory breeding? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Any indication of previous surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please explain: _____

Has animal fully recovered?

- | | | | |
|--|--|--|--|
| 13. Has animal been tested for tuberculosis? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|--|

If yes, specify date last tested.

- | | | | |
|---|--|--|--|
| 14. Has animal been tested for brucellosis? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|--|--|

If yes, specify date last tested.

- | | | | |
|---|--|--|--|
| 15. Is there any indication of lameness in any of the legs or feet? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|--|--|

If yes, details: _____

- | | | | |
|--|--|--|--|
| 16. Is there any indication of faulty conformation in any of the legs or feet? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|--|

If yes, details: _____

- | | | |
|--|--|------------------------|
| 17. Any infections discovered on premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: _____ |
|--|--|------------------------|

- | | | |
|--|--|------------------------|
| 18. Any contagious disease discovered on premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: _____ |
|--|--|------------------------|

- | | |
|---|--|
| 19. Are you the usual veterinarian for applicant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

I found the housing, feeding and conditions where the animal(s) to be kept to be: Excellent Very Good Good Poor

In your professional opinion or to your knowledge, are there any medical facts that should be brought to the attention of the Company or any reason why the animal(s) should not be insured? Yes No

If yes, please explain: _____

Additional Comments and/or details: _____

I declare that to the best of my professional knowledge the statements listed above are correct in respect of the subject animal(s). Except as noted, I certify that this animal is sound and in my opinion a suitable candidate for mortality insurance.

Signature: _____ Date & Time of Exam: _____