

**Veterinary
Certificate
For Horses**



232 Hooker Avenue
Poughkeepsie, NY 12603
800-836-3046
845-625-1577, fax
equineinfo@marshallsterling.com

INSTRUCTIONS TO VETERINARY SURGEON: It is required in every case that each horse shall be examined outside the stall and that it should be made to move about to demonstrate soundness of limbs and freedom of action. Horses having vicious habits, that have suffered recurrent attacks of colic or bleeding, that are tuberculosis or that have been un-nerved, are not insurable. Careful observation and enquiry should be made as to housing conditions and the presence of contagious or infectious disease.

I _____ do hereby certify that I am a graduate Veterinary Surgeon holding a current license to practice by the State of _____ and that I have this day examined the _____ Horse(s)
Owned by _____ Address _____

Name of Horse & Breed	Marking, Tattoo, Registration	Age	Color	Sex	Sire	Dam

Explain answers in this column

1. (a) Does horse show evidence of contagious or infectious disease? (b) Any contagious or infectious disease at farm? (c) Has horse been ill during previous year? (d) Does horse show evidence of vices or objectionable habits? (e) Condition of housing?	(a) No__ Yes__ (b) No__ Yes__ (c) Not to Knowledge__ Yes__ (d) No__ Yes__ (e) Good__ Other__	
2. Has any operation been performed on horse? If so give details, date and whether fully recovered.	Not to Knowledge__ Yes__	
3. Is horse subject to attacks of colic or bleeding? Describe.	Not to Knowledge__ Yes__	
4. Are both eyes of horse clinically normal?	Yes__ No__	
5. Are pulse, respiration and temperature normal?	Yes__ No__	
6. Has heart been auscultated, before and after exercise, and found normal with no evidence of murmurs?	Yes__ No__	
7. (a) Does horse indicate any lameness or faulty conformation? (b) Has horse been fired or blistered? (c) Any indication of neurectomy performed? (d) Any indication of Laminitis/Founder?	(a) No__ Yes__ (b) No__ Yes__ (c) No__ Yes__ (d) No__ Yes__	
8. FOALS UNDER 150 DAYS (a) Was birth normal, no complications? (b) Is foal an orphan or a twin? (c) Has foal received any medication? Describe. (d) 19G Level	(a) Yes__ No__ (b) No__ Yes__ (c) No__ Yes__	
9. (a) Is female horse pregnant? Include expectant date. (b) Any history of abortion or foaling problems? (c) Any symptoms detrimental to satisfactory breeding?	(a) No__ Yes__ (b) No__ Yes__ (c) No__ Yes__	
10. If male, are both testicles evident?	Gelding__ Yes__	
11. Date of last worming by veterinarian. Frequency.		
12. In your opinion, how will any condition noticed affect the life or usefulness of the horse.		

Except as noted above, to the best of my knowledge, I hereby certify that the horse is in sound and healthy condition.

Date of Exam: _____ **Signature:** _____

Regular Patient: __ New Patient: __ Pre-Purchase: __
Certificate Valid for 30 Days.

Name of Veterinarian: _____

Address: _____

Phone: _____