



**THE HOFFBERGER INSURANCE GROUP**

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**Directions for using this form:** Fill in form completely. Print it. Sign it. And mail, FAX or email to: The Hoffberger Insurance Group. Email: [rhoffberger@hoffberger.com](mailto:rhoffberger@hoffberger.com)

**Instructions to Veterinarian.** It is required in every case that the animal should be examined outside of the stall and that it should be made about to demonstrate soundness of limbs and freedom of action. Animals having vicious habits that are chronic colickers; that are tuberculous; that are not acclimated; that have ever been nerved: are not insurable. Careful observation and inquiry should be made as to housing conditions and presence of contagious disease.

I, \_\_\_\_\_ do hereby certify that I am a graduate of Veterinary Surgeon. Holding a current license to practice as such by the \_\_\_\_\_ and that I have this day examined the

Breed \_\_\_\_\_ Color \_\_\_\_\_

Kind and Sex \_\_\_\_\_ Age \_\_\_\_\_

Named: \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

Marking or Tattoo No: \_\_\_\_\_

Property of \_\_\_\_\_ of \_\_\_\_\_

If mare, is animal in foal? \_\_\_\_\_

Is pulse and respiration of animal normal? \_\_\_\_\_

Are both eyes of animal normal? \_\_\_\_\_

Any lameness or faulty conformation? \_\_\_\_\_

Is the animal suspect to attacks of colic? \_\_\_\_\_

Has Neurotomy been performed on this animal? (Nerved) \_\_\_\_\_

Has any other operation been performed on this animal? \_\_\_\_\_

If so, has the animal fully recovered? \_\_\_\_\_

Is there any likelihood of future danger to life or limb as a result of such operations? \_\_\_\_\_

REMARKS: \_\_\_\_\_

I found the housing to be \_\_\_\_\_ and I discovered \_\_\_\_\_ (if none, so state) contagious disease present; and except as noted above,

I hereby certify that the animal is in sound and healthy condition.

Signed: \_\_\_\_\_ Date of Examinations: \_\_\_\_\_

Address: \_\_\_\_\_