CLAY WARD AGENCY, INC.

HORSE INSURANCE A SPECIALTY
P.O. BOX 294

PHONE (859) 987-1861 FAX (859) 987-0596

RODES SHACKELFORD PARRISH W. BRUCE ISAACS III

PARIS, KENTUCKY 40362-0294

VETERINARY CERTIFICATE FOR MORTALITY INSURANCE

Horses being examined for insurance should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. Horses that are chronic colickers, bleeders or nerved are not insurable. This certificate should be completed by the examining Veterinarian to the best of his ability as a licensed Veterinarian. The completed certificate should be forwarded to the above address without delay.

I do hereby certify that I have this day examined the follow	ing
animal(s), property of:	
Applicant	
Address	
Name of Horse(s) Sire Dam Age Sex Color and Markings Tatoo No. Premium	_
Temperature normal? Yes () No () Chronic colicker? Yes () No () Eyes normal? Yes () No () Has horse been nerved? Yes () No () Has horse been castrated? Yes () No () Has horse been castrated? Yes () No () Has any other surgery been performed on the horse? Yes () No () If male, are both testicles descended? Yes () No () If any surgery has been performed, describe type of surgery	
If surgery has been performed, has horse fully recovered?	
Is there any likelihood of future danger to life or limb as a result of such surgery?	
Any lameness or faulty conformation or other abnormal conditions?	
Is the stabling adequate?	
Except as noted above, I hereby certify that to the best of my knowledge and belief the horse is in sound and healthy condition.	
Signed	
Address	
Date of examination	