



# McNAMARA COMPANY

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## VETERINARIAN'S EXAMINATION

(Not valid unless received by the Company within 15 days of the examination)

THIS SECTION TO BE COMPLETED BY VETERINARIAN – "NOT TO MY KNOWLEDGE" OR "NOT KNOWN" ANSWERS MAY NOT BE ACCEPTABLE

I hereby certify that I have examined the following described animal(s) being exercised in an open area outside the stall and in an examination both before and after exercise, I observe as follows.

NAME OF ANIMAL(S): A) \_\_\_\_\_ B) \_\_\_\_\_

NOTE: If any deviations from normal are found during this examination, each situation must be noted in the Yes or No box by the letter "A" or "B" to refer to the proper animal. A detailed explanation of each situation must be noted on the bottom of this form. Attach an extra sheet if needed.							
		YES	NO			YES	NO
1. Pulse and respiration normal?				19. Any other medical facts affecting insurance?			
2. Temperature normal?				20. Condition detrimental to satisfactory breeding?			
3. Eyes clinically normal?				<b>21. Is mare carrying a single, live and viable fetus?</b>			
4. Heart auscultated and found normal?				<b>22. Last date mare was bred?</b>			
5. History or evidence of bleeder?				23. Are you the usual veterinarian?			
6. History or evidence of nerving?				24. Has a live heartbeat on the unborn foal been detected?			
7. History or evidence of laminitis?							
8. Any indication of lameness, unsoundness or faulty conformation?							
9. Any evidence of firing or blistering?							
10. Any past surgery? If so, give type & date.							
11. Any indication of infection or disease?							
12. Any colic or digestive disorder past or present?							
13. Details of worming program and date(s) last wormed.							
14. Fecal examination performed? Results							
15. If mare, is she in foal? If so, list due date(s)							
16. History of twins?							
17. Any past breeding or foaling problems?							
18. Vices or objectionable habits?							
I found the housing, feeding and conditions where the animal(s) located to be: <input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good <input type="checkbox"/> Excellent							
Comments: _____							
OWNER OF ANIMAL(S): _____							
(If a pre-purchase exam, please indicate name of purchaser or stable where exam was completed)							
I discovered no infectious or contagious diseases on the premises and except as noted above, I consider the animal(s) is/are in healthy condition.							
X _____		_____		_____		_____	
<b>VETERINARIAN SIGNATURE</b>		<b>DATE</b>		<b>PHONE NUMBER</b>			
Veterinarian's Name (Please Print)							
Phone Number							
Address		City		State		Zip	