



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?			21. Has animal been castrated?		
4. Heart auscultated and found normal?			22. If male, any problems with testicles?		
5. History or evidence of bleeder?			23. Are you the usual veterinarian?		
6. History or evidence of nerving?			FOR FOALS (In addition to above information).		
7. History or evidence of laminitis?			Foals must be at least 24 hours of age.		
8. Any indication of lameness, unsoundness or faulty conformation?			24. Was birth normal with no complications?		
9. Any evidence of firing or blistering?			25. Was the placenta seen by the vet?		
10. Any past surgery? If so, give type & date.			26. Was the placenta completely discharged?		
11. Any indication of infection or disease?			27. Did foal stand and nurse normally?		
12. Any colic or digestive disorder past or present?			28. Respiration regular and completely clear?		
13. Details of worming program and date(s) last wormed.			29. Pulse strong and normal?		
14. Fecal examination performed? Results			30. Has foal experienced a bowel movement/urination?		
15. If mare, is she in foal? If so, list due date(s)			31. Has foal received any medication?		
16. History of twins?			32. CID test performed?		
17. Any past breeding or foaling problems?			33. Is foal an orphan?		
18. Vices or objectionable habits?			34. IgG Level as of _____(Date)		
			35. Foal stood and nursed at _____ hours old.		

I found the housing, feeding and conditions where the animal(s) located to be: Poor Acceptable Good 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

VETERINARIAN SIGNATURE

DATE

PHONE NUMBER

Veterinarian's Name (Please Print)

Phone Number

Address	City	State	Zip
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