VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY COVERAGE
Foals Under 30 days – *(Not to be completed prior to 24 hours of age.)*

McNamara Company   1330 Hwy 96 ~ St. Paul, MN 55110   Phone 651-426-0607 FAX 651-426-5790

Applicant: _____ Producer: _____ Date: _____

Foal's Name: _____ Date of Birth: _____ Hour of Birth: _____ Sex: _____

Breed: _____ Dam: _____ Sire: _____

Intended Use: _____ Color: _____ Markings: _____

For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry HYPP, please indicate the horse's HYPP status. (*Circle one.*)

        N/N   N/H   H/H   N/A

If results for the foal are not available, please indicate:

Dam's HYPP status*:*   N/N   N/H   H/H   N/A
Sire's HYPP status: N/N   N/H   H/H   N/A

For Arabian Horses, is there a history of Combined Immunodeficiency (CID) in either the Sire or Dam?   Yes ☐ No ☐

Has a blood count been performed?   Yes ☐ No ☐

If yes, please provide the results: _____

	Yes	No
Was parturition complicated in any way?	☐	☐
Did the mare drip or stream milk prior to parturition?	☐	☐
Does the mare have a history of producing jaundiced foals?	☐	☐
How many foals has the mare produced previously?	_____	
How many of the mare's foals have survived weaning?	_____	
If the mare lost any foals, please provide details (year, cause of loss) separately.		
How long was the gestation period?	_____	
How long before foal stood unassisted?	_____	
How long before foal nursed unassisted?	_____	
Was foal given supplemental colostrum?	☐	☐
Was (Is) the foal given supplemental milk?	☐	☐
Is milk regurgitated from the nose following nursing?	☐	☐
Is the foal an orphan or twin?	☐	☐
Is umbilical or scrotal hernia present?	☐	☐
Subject to or any previous history of colic?	☐	☐
Have any medications been administered?	☐	☐
Any evidence of infection or disease?	☐	☐
Contagious diseases on premises or locally?	☐	☐
If the horse is a colt, are both testicles evident?	☐	☐
Any evidence of lameness?	☐	☐

If any of the above questions are yes, please explain on a separate page.

Type and schedule of worming program: _____
_____

IgG results *(required if under 30 days old):* _____

	Yes	No
Approximate weight of the foal at time of examination:	_____	
Does the mare allow the foal to nurse freely?	☐	☐
Has all the meconium been passed?	☐	☐
What is the consistency of the stool?	_____	
Has the foal urinated normally?	☐	☐
Pulse and Respiration normal?	☐	☐
Heart auscultation normal?	☐	☐
Respiration auscultation normal?	☐	☐
Temperature normal?	☐	☐
Eyes clinically normal?	☐	☐
Are the limbs straight?	☐	☐
Are joints normal?		

(Note any distention, congenital deformity, swelling, heat, stiffness and/or pain.)

	Yes	No
Back	☐	☐
Stifles	☐	☐
Knees	☐	☐
Hocks	☐	☐
Fetlocks	☐	☐
Tendons and Ligaments	☐	☐
Is the stabling and turn out safe and adequate?	☐	☐
Are you the usual veterinarian for the applicant?	☐	☐

If any of the above questions are no, please explain on a separate page.

Are there any pre-existing conditions, history of lameness, or additional medical facts that should be brought to the attention of the Insurance Company?

Has the foal been attended by you or any other veterinarian for any ailment, injury or medical problem since its foaling? If yes, explain.

Has an X-ray or ultrasound examination been performed on the foal since its foaling? If so, why, and what were the results?

Has foal ever undergone surgery? If so, describe type of surgery, date and recovery.

Are you aware of any condition past or present that could require surgical or medical attention in the next 12 months?

Give your general evaluation for the above named foal.

I (print name) _____, do certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____, and that I have on this day examined the above named foal.

Veterinarian's signature: _____ Phone: _____ Date and Time of Exam: _____

I (print name) _____, as the Owner or representative for the owner as the primary trainer and/or caretaker, have provided to the best of my ability accurate and complete information on the above named foal.

Owner, trainer, or primary caretaker's signature: _____ Date: _____