

**FOAL VETERINARY CERTIFICATE**

**(For horses aged between 24 hours and 45 days only)**

Careful observation should be made as to housing conditions and the presence of contagious or infectious diseases or other issues relevant to the health/wellbeing of the HORSE.

**VETERINARIAN DETAILS**

Veterinarian's name \_\_\_\_\_  
 Cell no. \_\_\_\_\_ Name of practice \_\_\_\_\_

**POLICYHOLDER AND FOAL DETAILS**

Name of owner/insured \_\_\_\_\_  
 Name of foal \_\_\_\_\_ at (farm) \_\_\_\_\_  
 Foaling date and time \_\_\_\_\_ Sex \_\_\_\_\_  
 Colour \_\_\_\_\_ Breed \_\_\_\_\_

**DESCRIPTION OF MARKINGS**

Head \_\_\_\_\_  
 Neck \_\_\_\_\_  
 Left fore \_\_\_\_\_  
 Right fore \_\_\_\_\_  
 Left hind \_\_\_\_\_  
 Right hind \_\_\_\_\_  
 Body \_\_\_\_\_  
 Acquired (brand/  
 freeze marks or  
 permanent scars \_\_\_\_\_

Instructions to examining VETERINARIAN completing this form. Please read the following statements and declaration in Section 1 before completing Section 2. Your signature at the end of this document also constitutes your agreement with the declaration in Section 1.

**SECTION 1**

- |                                                                                     |                                                                                             |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 1. The foal was not premature.                                                      | 13. There is no evidence of umbilical or inguinal hernia.                                   |
| 2. The mare has not previously had a jaundiced foal.                                | 14. There is no evidence of diarrhea.                                                       |
| 3. The mare has adequate milk.                                                      | 15. The meconium has passed.                                                                |
| 4. The mare allows the foal to nurse without being restrained.                      | 16. The heart is normal on auscultation.                                                    |
| 5. The foal is able to get up and down and nurse on its own.                        | 17. The lungs are normal on auscultation.                                                   |
| 6. The foal has shown no sign of colic.                                             | 18. The gastro intestinal tract is normal on auscultation.                                  |
| 7. There is no evidence of cleft palate or parrot mouth.                            | 19. The locomotion of the foal is normal.                                                   |
| 8. There is no evidence of congenital cataracts or other abnormalities of the eyes. | 20. The temperature is normal.                                                              |
| 9. There are no flexural deformities.                                               | 21. The pulse rate is normal.                                                               |
| 10. No ribs have been broken during parturition.                                    | 22. The respiratory rate is normal.                                                         |
| 11. The umbilicus is dry and normal.                                                | 23. There are no contagious or infectious diseases on the premises or in the neighbourhood. |
| 12. The foal does not have patent urachus.                                          | 24. The stabling is adequate.                                                               |

I declare (to the best of my professional knowledge) that the statements listed above are correct in respect of the subject foal with the exception of those listed below (please give full details):

Incorrect statement numbers and comments:

**STATEMENT**

No.	Comment
_____	_____
_____	_____
_____	_____
_____	_____

**SECTION 2**

1. What medication has the foal received post partum? \_\_\_\_\_
2. What was the IgG reading of the foal's blood? \_\_\_\_\_  
At what age was the sample taken? \_\_\_\_\_
3. How many times were IgG levels taken? (show all results and times) \_\_\_\_\_
4. Has a colostrum supplement been given to the foal and if so, when? \_\_\_\_\_
5. Has plasma been given to the foal and if so, when? \_\_\_\_\_
6. Is a nurse mare being used for this foal and if so, has the mare accepted the foal? \_\_\_\_\_

**PLEASE EXPAND ON ANYTHING IN EITHER SECTIONS 1 OR 2, OR ANY OTHER ISSUES THAT YOU FEEL ARE RELEVANT TO THE HEALTH OR ENVIRONMENT OF THE FOAL.**

Date of examination \_\_\_\_\_

Time of examination \_\_\_\_\_

VETERINARIAN signature \_\_\_\_\_