



Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE PURPOSES

Animal presented as: **MARHESA**

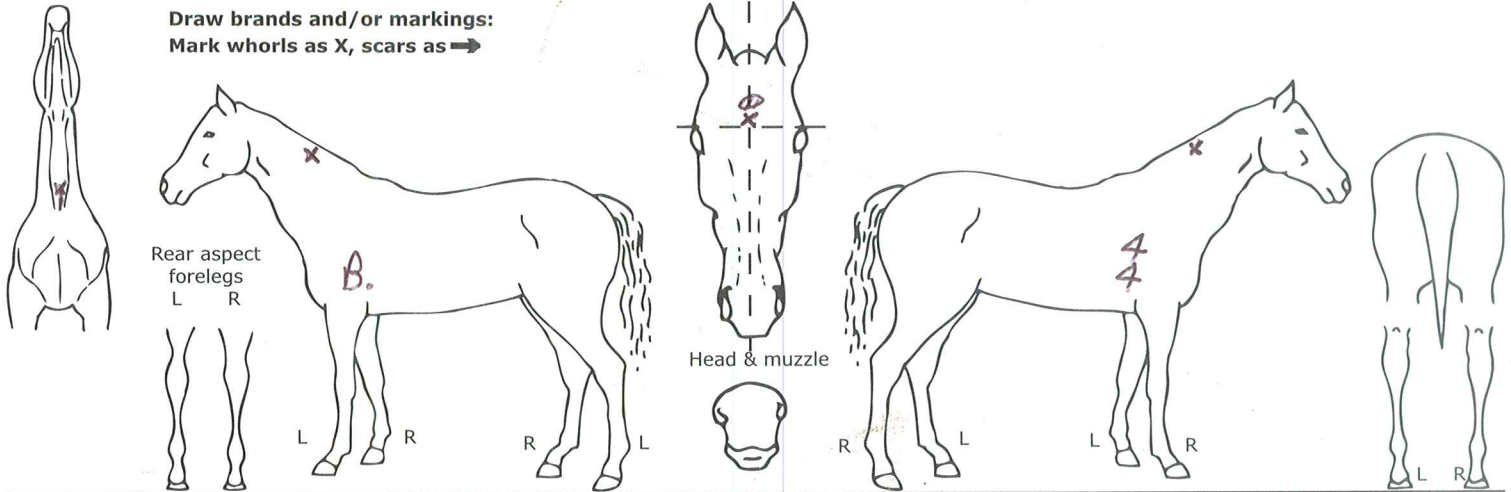
(If unnamed) Sire: _____ Dam: _____

Colour: **BAY BROWN** Breed: _____ Sex: **FILLY**

Microchip No: **985 100012045045** Age/DOB: **4 YO**

Owner (if known): _____ Address (if known): _____

Person requesting examination: **MATY LOMANI** Place of examination: **BALLARAT VETERINARY PRACTICE**



THE EXAMINATION

Does your practice normally attend this property?

	Never	Occasionally	Regularly
Does your practice normally attend this property?			✓
Has your practice previously attended this horse?			✓

Has your practice previously attended this horse?

Yes No

✓		Pulse Normal?
✓		Respiration normal?
✓		Temperature normal?
✓		Eyes clinically normal?
✓		Heart auscultated and found normal?
	✓	Any indication of infection or disease?
	✓	Any physical evidence of laminitis?
	✓	Is the horse lame at the walk or trot?
	✓	Is there evidence of ataxia?
	✓	Is there any obvious evidence of previous abdominal surgery?

• FLEXION TESTS NOT PERFORMED

• ENDOSCOPE - GRADE 0/5 LARYNGEAL FUNCTION

• APPROX 16 LH

Broodmares

	✓	Is she reported in foal?
	✓	Is there any external condition detrimental to satisfactory breeding?
✓		Has an internal examination of the reproductive organs been conducted? (If so attach a separate report of examinations conducted, dates & findings)

Stallions

Are the external genitalia palpably and visibly normal?

Please give your opinion below as to the significance of any abnormalities mentioned above (add additional sheets if needed):

I have today performed a clinical examination on this horse in accordance with EVA Insurance guidelines and declare that to the best of my professional knowledge the horse is clinically normal and in a satisfactory condition, except where noted.

Date: **10/08/18** Signed: _____

Name (please print): **DR. ANDREW HAMILTON** Place stamp/write address here:

Contact Number: **0400 155 149**

AVA No: **79676** VPB No: **8843**

BALLARAT VETERINARY PRACTICE 71684
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