

Independent Equine Agents

Fax: (502) 245-9698
Email: info@independentequineagents.com

10234 Shelbyville Road, Ste 2A
Louisville, Kentucky 40223-2978
www.independentequineagents.com

Owner's Name: _____

Horse 1 Name: _____

Horse 2 Name: _____

Is there any pulse or respiration problem?

Yes No

Yes No

Is temperature above or below normal?

Yes No

Yes No

Any eye problems?

Yes No

Yes No

Any heart, lung or breathing problems?

Yes No

Yes No

Any history or evidence of bleeder?

Yes No

Yes No

Any history or evidence of nerving?

Yes No

Yes No

Any history or evidence of surgery?

Yes No

Yes No

Any colic within the past 12 months?

Yes No

Yes No

Has horse been ill or injured within the past 12 months?

Yes No

Yes No

Any lameness or conformational defects?

Yes No

Yes No

If mare, is she in foal?

Yes No

Yes No

Any past breeding or foaling problems?

Yes No

Yes No

If male, any problems with testicles?

Yes No

Yes No

Any vices or objectionable habits?

Yes No

Yes No

Any evidence of contagious disease on premises?

Yes No

Yes No

Any other medical facts affecting insurance?

Yes No

Yes No

If any answer is "yes" above, please provide details: _____

Veterinarian Name: _____

Must be completed for foal under 150 days of age

Signature: _____

1. Was birth normal without complications? Yes No

Date: _____

2. Is foal an orphan? Yes No

Email: _____

3. Has foal received any medications? Yes No

4. CBC Normal on this date? Yes No

5. IgG test results: _____

6. White Blood Cell Count: _____