

**VETERINARY CERTIFICATE OF EXAMINATION FOR CATTLE MORTALITY INSURANCE**  
**Prairie States Insurance Agency Phone: 800/627-4677 FAX: 405/235-5225**

I, \_\_\_\_\_ do hereby certify that I am a graduate Veterinarian holding a current license to practice in the state of \_\_\_\_\_ and that I have this day examined the following animal(s) while exercised in an open area outside the stall or barn. I examined both before and after exercise and observed the following:

Description of Animal(s) Name	Age	Sex	Color	Breed
A				
B				
C				
D				

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1. Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Teeth in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Any indication of skin parasites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Any indication of ring worm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Any indication of mange?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Any indication of hernia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Any indication of abscesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Any indication of tumors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Anything detrimental to satisfactory breeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Any indication of previous surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain _____								
Has animal fully recovered? _____								
13. Has animal been tested for tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, specify last date tested _____								
14. Has animal been tested for brucellosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, specify last date tested _____								
15. Is there any indication of lameness in any of the legs or feet? If yes, explain _____								
16. Is there any indication of faulty conformation in any of the legs or feet? If yes, explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____								
17. Any infections discovered on the premises?	___ Yes ___ No		___ Yes ___ No		___ Yes ___ No		If yes, please explain _____	
18. Any contagious diseases discovered on the premises?	___ Yes ___ No		___ Yes ___ No		___ Yes ___ No		If yes, please explain _____	
19. Are you the usual veterinarian for applicant?	___ Yes ___ No		___ Yes ___ No		___ Yes ___ No		___ Yes ___ No	

I found the housing, feeding and conditions where the animal(s) are kept to be:  Excellent  Very Good  Good  Poor

In your professional opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company or any reason why the animal(s) should not be insured? Yes  No  If Yes, please explain \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Veterinarian** D.V.M. \_\_\_\_\_  
**Date Examined**

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License # \_\_\_\_\_

Phone # \_\_\_\_\_

**Veterinary Certificates are not acceptable unless completed within 10 days prior to being received in our office.**