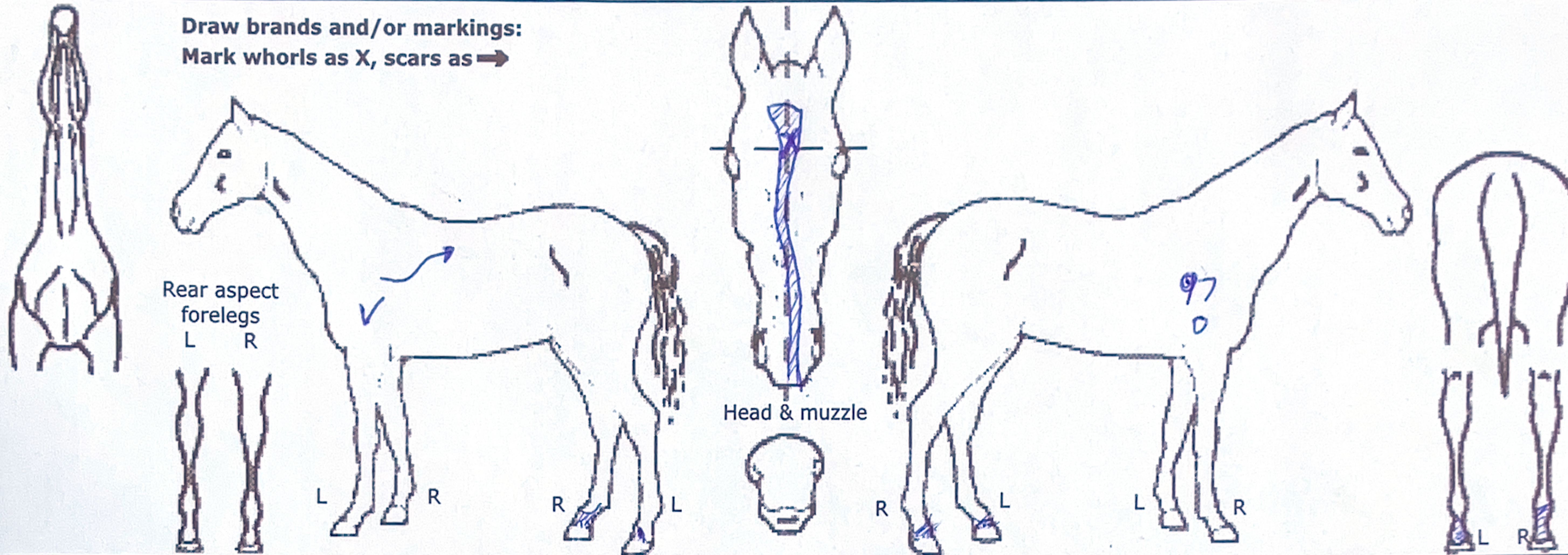


CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE PURPOSES

Animal presented as: TOP CALIBRE			
(If unnamed) Sire:		Dam:	
Colour: BAY	Breed: THOROUGHBRED	Sex: GELDING	
Microchip No: 985100012181955		Age/DOB: 4	
Owner (if known):		Address (if known):	
Person requesting examination: ALEX RAE		Place of examination: CRAYBOURNE	



THE CLINICAL EXAMINATION

Does your practice normally attend this property?

Has your practice previously attended this horse?

Yes No

Yes	No	Never	Occasionally	Regularly
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Vaccination Y/N Date

Vaccination	Y/N	Date
Hendra (HeV)		
Tetanus		
Strangles		
EHV-1,4		

Broodmares


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

Stallions

<input type="checkbox"/>	<input type="checkbox"/>	Are the external genitalia palpably and visibly normal?
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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: 15-11-24	Signed: 
Name (please print): JASOP SHAARZ	Place stamp/write address here: ADVANCE EQUINE 101407
Contact Number: 0491 249 865	7 VABEX ST
AVA No:	ABCO VABE VIC 3032
VPB No: V8865	