



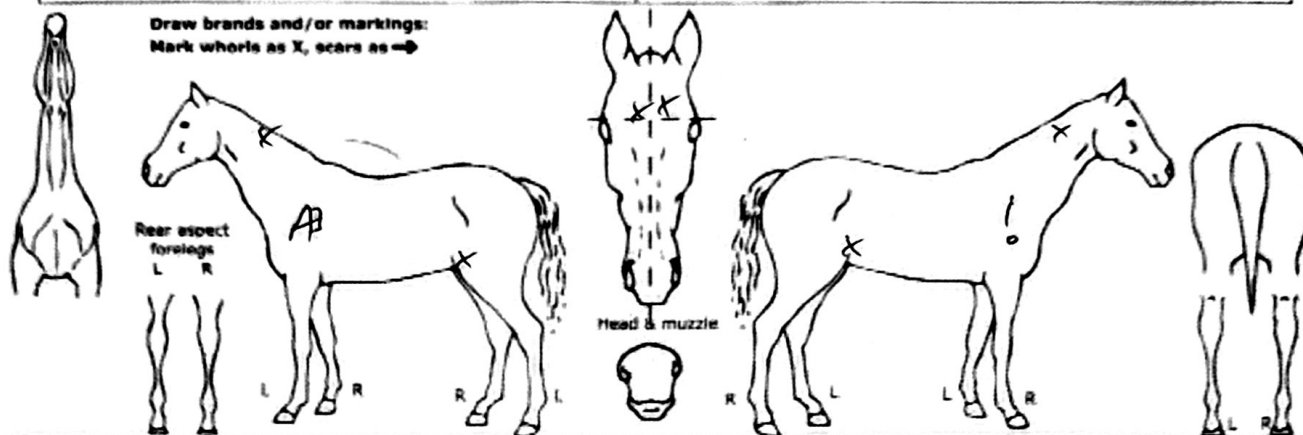
Equine Veterinarians Australia

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: <u>Mr Monaco</u> | | | |
| (If unnamed) Sire: <u>Terminator</u> | | Dam: <u>Alle Stelle</u> | |
| Colour: <u>Bay</u> | Breed: <u>TB</u> | Sex: <u> gelding</u> | |
| Microchip No: <u>985101045341544</u> | | Age/DOB: <u>12/4/21</u> | |
| Owner (if known): | | Address (if known): | |
| Person requesting examination: <u>Owner</u> | | Place of examination: <u>Palmerston</u> | |



THE EXAMINATION

Does your practice normally attend this property?

Has your practice previously attended this horse?

| Never | Occasionally | Regularly |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Yes No

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Pulse Normal? |
| <input checked="" type="checkbox"/> | Respiration normal? |
| <input checked="" type="checkbox"/> | Temperature normal? |
| <input checked="" type="checkbox"/> | Eyes clinically normal? |
| <input checked="" type="checkbox"/> | Heart auscultated and found normal? |
| <input checked="" type="checkbox"/> | Any indication of infection or disease? |
| <input checked="" type="checkbox"/> | Any physical evidence of laminitis? |
| <input checked="" type="checkbox"/> | Is the horse lame at the walk or trot? |
| <input checked="" type="checkbox"/> | Is there evidence of ataxia? |
| <input checked="" type="checkbox"/> | Is there any obvious evidence of previous abdominal surgery? |

Broodmares

| | |
|--------------------------|--|
| <input type="checkbox"/> | Is she reported in foal? |
| <input type="checkbox"/> | Is there any external condition detrimental to satisfactory breeding? |
| <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"/> | 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: <u>28/6/25</u> | Signed: <u>[Signature]</u> |
| Name (please print): <u>CHANNES ALVARADO</u> | Place stamp/write address here: <u>52029</u> |
| Contact Number: <u>0418871091</u> | <u>3 Willowby Ave</u> |
| AVA No: | VPB No: <u>424</u> |
| | <u>Ryton, 3186</u> |