THE HARTFORD

Producer's Name		Applicant's Name	
Agency Code	87-	Mail Address	
Mail Address		City, ST Zip	
City, ST Zip		Phone	
Phone		Fax	
Fax		E-Mail Address	
E-mail Address			

VETERINARIAN'S STATEMENT OF EXAMINATION FOR MORTALITY INSURANCE – Animals Other Than Horses

I, _____ hereby certify that I have this _____ day of _____ examined the following animal(s) at rest and in motion:
(Please Print Name)

(1) Name _____ (2) Name _____ (3) Name _____

1. How long have you been the veterinarian for the above animal(s)? _____

2. a. Do both eyes of the animal(s) appear clinically normal without drainage? ☐Yes ☐No
   b. Do the lungs and heart sounds fall within normal ranges? ☐Yes ☐No
   c. Does the hair coat appear to be smooth and shiny? ☐Yes ☐No
   d. Have you examined the animal(s) without the aid of chemical restraint? ☐Yes ☐No
   e. Do the feet appear to have normal growth? ☐Yes ☐No
   f. Does the animal(s) appear relaxed and free of pain in all gaits/movements observed? ☐Yes ☐No

   If "No" to any of the above, please identify the animal and give pertinent clinical details. _____

3. a. Does there now exist, or has there recently been any infectious disease in animals area? ☐Yes ☐No
   b. Does the animal(s) have any history or evidence of liver flukes? ☐Yes ☐No
   c. Does the animal have any physical deformities, disease, or infection? ☐Yes ☐No
   d. Does the animal(s) examined show any symptom of previous sickness, disease, or injury? ☐Yes ☐No
   e. Is the animal(s) routinely wormed or vaccinated? ☐Yes ☐No
   f. Does the animal(s) receive any other medication? ☐Yes ☐No
   g. Does the animal(s) exhibit any respiratory or circulatory distress? ☐Yes ☐No
   h. Is the animal(s) pregnant? If Yes, give the expected date of birth below. ☐Yes ☐No
   i. If the animal(s) is a breeding animal, to your knowledge is there any history of gestation, lactation, or parturition problems? ☐Yes ☐No

   If Yes, to any of the above, please identify the animal(s) and give details. _____

4. If this is a Cria, please provide IGG level. _____

5. Please give a brief history of any major surgery and/or treatment for disease or injury you have performed on the animal(s) listed during the last year _____

_____ _____ _____
Veterinarian's Signature Date Telephone Number

Veterinarian's Address: _____

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