

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:	
(If unnamed) Sire: Furnaces	Dam: Bovespa
Colour: Brawn. Breed: TB	Sex: Filly
Microchip No: 985100012156585	Age/DOB: 05/09/2018
Owner (if known): Proven Thoroughbreds	Address (if known):
Person requesting examination:	Place of examination: 232 Rifle Ronge Rd Rifle Ray
Draw brands and/or markings: Mark whorls as X, scars as Rear aspect forelegs L R Head	d & muzzle
THE EARLY AND THE STATE OF THE	Occasionally Regularly
Does your practice normally attend this property?	
Has your practice previously attended this horse?	
Yes No	
Pulse Normal?	
Respiration normal?	
Temperature normal?	
Eyes clinically normal?	
Heart ausculated and found normal?	
Any indication of infection or disease?	
Any physical evidence of laminitis?	
Is the horse lame at the walk or trot?	
Is there evidence of ataxia?	
Is there any obvious evidence of previous abdomin	al surgery?
Broodmares	
Is she reported in foal?	
Is there any external condition detrimental to satis	
Has an internal examination of the reproductive organization (If so attach a separate report of examinations conducted Stallions	gans been conducted? , dates & findings)
Are the external genitalia palpably and visibly norm	nal?
please give vour oninion below as to the significance of any al	bnormalities mentioned above (add additional sheets if needed):
please give your opinion below as to the significance of any	
I have today performed a clinical examination on this horse in a best of my professional knowledge the horse is clinically norma	accordance with EVA Insurance guidelines and declare that to the all and in a satisfactory condition, except where noted.
Date: 18/2/20	Signed:
Name (please print):	Place stamp/write address here: 62052
Contact Number: OLSEGIASIO	Exclusively Equine Veterinary Services ABN: 61 660 349 898
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AVA No: VPB No: 4384	P: 0754114554 E: info@eevs.com.au