

Health certificate for the purpose of the insurance

EHGZHF-011120

Return address: P.O. Box 2300, 5202 CH 's-Hertogenbosch, info@HippoHorseInsurance.com

1. The applicant

Name Client number
 Address Mobile phone
 City E-mail

2. Details of horse/pony

Name of horse Sex Stallion Gelding Mare
 Date of birth Colour Height Breed
 Lineage Chip number
 Stud book number Chip number checked? No Yes

3. General and clinical examination

	not abnormal	abnormal
build and posture	<input type="checkbox"/>	<input type="checkbox"/>
nutritional condition	<input type="checkbox"/>	<input type="checkbox"/>
skin and mane	<input type="checkbox"/>	<input type="checkbox"/>
mucous membranes	<input type="checkbox"/>	<input type="checkbox"/>
lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>
eyes and eyelids	<input type="checkbox"/>	<input type="checkbox"/>

Respiratory system

resting breathing rate	<input type="checkbox"/>	<input type="checkbox"/>
type of breathing	<input type="checkbox"/>	<input type="checkbox"/>
spontaneous coughing	no	yes
larynx sensitivity	<input type="checkbox"/>	<input type="checkbox"/>
breathing after exercise	<input type="checkbox"/>	<input type="checkbox"/>
unusual sounds	no	yes
laryngoscopy performed	no	yes
laryngoscopy findings	<input type="checkbox"/>	<input type="checkbox"/>

Circulatory system

peripheral circulation	<input type="checkbox"/>	<input type="checkbox"/>
resting heart rate	<input type="checkbox"/>	<input type="checkbox"/>
heart rate after exercise	<input type="checkbox"/>	<input type="checkbox"/>

Digestive system (external examination)

mouth, teeth, tongue

Urogenital system (external examination)

Nervous system

tail tone	<input type="checkbox"/>	<input type="checkbox"/>
correction reflexes via tail	<input type="checkbox"/>	<input type="checkbox"/>
coordination	<input type="checkbox"/>	<input type="checkbox"/>

inspection, palpation and possible percussion

	not abnormal	abnormal
head	<input type="checkbox"/>	<input type="checkbox"/>
neck	<input type="checkbox"/>	<input type="checkbox"/>
withers	<input type="checkbox"/>	<input type="checkbox"/>
back	<input type="checkbox"/>	<input type="checkbox"/>
groin	<input type="checkbox"/>	<input type="checkbox"/>
left front leg	<input type="checkbox"/>	<input type="checkbox"/>
right front leg	<input type="checkbox"/>	<input type="checkbox"/>

left hind leg	<input type="checkbox"/>	<input type="checkbox"/>
right hind leg	<input type="checkbox"/>	<input type="checkbox"/>

Hoofs

hearing quality	<input type="checkbox"/>	<input type="checkbox"/>
hoof percussion	<input type="checkbox"/>	<input type="checkbox"/>

hoof shape similar/not similar.....steeper than.....
 no / front / all

orthopaedic shoes
 type of shoe

examine

in step on firm ground

in a straight line

in trot on firm ground

in a straight line

in step and in trot on firm ground (from 3 stars)

small circles on left

small circles on right

in step on soft ground (from 3 stars)

small circles on left

small circles on right

in trot on soft ground (from 3 stars)

small circles on left

small circles on right

serpentine in step


4. Supplementary


Is the owner of the horse present at this examination? No Yes

Degree of training (according to client's declaration)

Intended use (according to client's declaration) Stud farm/ Sport (level)/recreation.....

Place where examination takes place Clinic / elsewhere namely

To your knowledge, has this horse been treated before? No Yes, 

 If you have answered yes, please send a report(s) of the treating veterinarian(s).

Only to be answered for pregnant mares:

Have you scanned the mare and established she is pregnant? No Yes, date

Have you palpated the mare and established she is pregnant? No Yes, date

Have any abnormalities been observed during pregnancy and your internal examination? No Yes

Specify abnormality

Are any birth problems to be expected? No Yes,

Conclusion/remarks

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5. The undersigned veterinarian

Name in

Telephone of practice Mobile telephone

Declares to have examined the horse described above and to have completed this form truthfully.

City Date

Signature veterinarian