



Agent Name, Address & Telephone #:

GLOBAL INSURANCE ALLIANCE INC. WP
13633 N., Catclaw Ct. Fountain Hills, AZ 85268
480-816-5665 (Fax) 480-837-5641 www.globlainsaz.com

FERTILITY EXAMINATION FORM

Insured Name: _____ Policy Number: _____

Horse Name: _____ Horse DOB: _____

Left Testicle Size

Right Testicle Size

Height: _____

Height: _____

Width: _____

Width: _____

Circumference: _____

Circumference: _____

Veterinarian Comments: _____

I HAVE EXAMINED THE GENITALIA OF THE ABOVE ANIMAL. I HAVE PALPATED THE TESTICLES AND FIND THAT THEY ARE WITHIN NORMAL PARAMETERS AND FULLY DESCENDED INTO THE SCROTUM. I CONSIDER THIS STALLION SOUND AND FIT FOR BREEDING.

Veterinarian's Signature

Date of Exam

RETURN THIS COMPLETED FORM TO THE INSURANCE AGENT. DO NOT SEND DIRECTLY TO THE INSURANCE COMPANY.