

 <p><b>GLOBAL INSURANCE ALLIANCE, INC.</b></p>	<p>Agent Name, Address and Telephone Number:</p> <p><b>GLOBAL INSURANCE ALLIANCE INC.</b> <span style="float: right;"><b>WP</b></span>          13633 N. Catclaw Ct      Fountain Hills, AZ 85268          480-816-5665 (Fax) 480-837-5641 Website:          www.globalinsaz.com</p>
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**VETERINARIAN EXAMINATION FORM**

Horse(s) owned by: \_\_\_\_\_

<b>Horses examined:</b>					
1) Name: _____	Age: _____	Sex: _____	Breed: _____	Use: _____	
2) Name: _____	Age: _____	Sex: _____	Breed: _____	Use: _____	
3) Name: _____	Age: _____	Sex: _____	Breed: _____	Use: _____	

To the best of your knowledge, are there now or have there ever been any:	horse #1	horse #2	horse #3
a) pulse, respiration or temperature abnormalities?.....	_____	_____	_____
b) eyes or vision defects?.....	_____	_____	_____
c) heart defects or heart murmurs?.....	_____	_____	_____
d) bleeding, nerving, firing or blistering?.....	_____	_____	_____
e) gastrointestinal disorders or colic incidents?.....	_____	_____	_____
f) operations performed?.....	_____	_____	_____
g) lameness or unsoundness of limbs?.....	_____	_____	_____
h) conformation faults?.....	_____	_____	_____
i) vices or objectionable habits?.....	_____	_____	_____
j) indications of contagious disease on the premises or in the area?.....	_____	_____	_____
k) medical facts affecting life, health or use?.....	_____	_____	_____
l) dangers to life or limb related to an illness, injury or disease?.....	_____	_____	_____

**Additional questions:**

m) If female, is she in foal? (provide due date).....	_____	_____	_____
n) If female, any breeding or foaling problems?.....	_____	_____	_____
o) If male, has he been gelded?.....	_____	_____	_____
p) If male, any problems with testicles?.....	_____	_____	_____

<b>Questions for foals under 30 days (not examined before 24 hours):</b>			
q) Were there any foaling complications?.....	_____	_____	_____
r) Is the foal an orphan?.....	_____	_____	_____
s) Has the foal received any medication?.....	_____	_____	_____
t) Is CBC normal?.....	_____	_____	_____
u) IgG level - provide measurement.....	_____	_____	_____

Please explain any 'yes' answers, including dates and treatment given. Also advise how any operation, illness, injury or disease will affect the life, health or use of the animal: \_\_\_\_\_

\_\_\_\_\_

I have examined the horse(s) named above, at rest and while in motion.

**Veterinarian's Signature:** X \_\_\_\_\_ **Date of Exam:** \_\_\_\_\_  
**Time of Exam:** \_\_\_\_\_

Veterinarian's Name: _____ Address: _____ Telephone Number ( _____ ) _____ Facsimile Number ( _____ ) _____
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**COVERAGE IS BOUND ONLY WHEN A BINDER HAS BEEN ISSUED BY THE COMPANY.**

\*\*\*RETURN THIS COMPLETED FORM TO THE INSURANCE AGENT. \*\*\*