

# JUSTIN INSURANCE

1256 FM 407  
JUSTIN, TX 76247

PHONE 800-972-0272

FAX 940-648-3738

## VETERINARY LIVESTOCK EXAM

Cattle being examined for insurance should be unloaded from the trailer and moved about in a large enough area to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to exposure to contagious disease. This certificate should be completed by the examining Veterinarian to the best of his ability as a licensed Veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

I, \_\_\_\_\_ do hereby certify that I am a graduate veterinarian holding current license number \_\_\_\_\_ in the state of \_\_\_\_\_ and that I have examined the following animal:

Owners name \_\_\_\_\_

Animals Name/ID \_\_\_\_\_

Color \_\_\_\_\_ Brand \_\_\_\_\_ Sex \_\_\_\_\_

Location of Exam \_\_\_\_\_

Person who has care, custody & control \_\_\_\_\_

Date of Exam \_\_\_\_\_

### GENERAL EXAM

- |   |         |        |
|---|---------|--------|
| 1. Is herd free of Brucellosis?         | Yes ( ) | No ( ) |
| 2. Animal appears in good condition?    | Yes ( ) | No ( ) |
| 3. Respiration normal?                  | Yes ( ) | No ( ) |
| 4. Signs of lameness or incoordination? | Yes ( ) | No ( ) |
| 5. Exposed to any infectious disease?   | Yes ( ) | No ( ) |
| 6. Signs of fever or illness?           | Yes ( ) | No ( ) |

### COMPLETE FOR BULL

- |  |         |        |
|--|---------|--------|
| 1. Genitals appear healthy and normal?   | Yes ( ) | No ( ) |
| 2. Testicles of normal dimension and consistency and fully descended into scrotum?     | Yes ( ) | No ( ) |
| 3. Penis and prepuce appear normal and free of any sores, infection, tumors or injury? | Yes ( ) | No ( ) |

Detail any abnormal findings \_\_\_\_\_

Breeding method: AI ( ) Live Cover ( ) Both ( ) \_\_\_\_\_

Number of Cows bred last year \_\_\_\_\_ Number conceived \_\_\_\_\_

Number of straws of semen frozen/stored \_\_\_\_\_

Location and Date last collected \_\_\_\_\_

### BEHAVIOR AND BREEDING ABILITY

Rate on scale of 1 to 5 (1 is excellent and 5 is poor)

Temperament/Ease of handling \_\_\_\_\_ Libido \_\_\_\_\_

Erection \_\_\_\_\_ Mounting \_\_\_\_\_

Intromission \_\_\_\_\_ Ejaculation \_\_\_\_\_

Detail and abnormal findings or poor scores \_\_\_\_\_

Has a Semen Evaluation been done? \_\_\_\_\_ If so, attach summary report of findings.

Has the bull received any drugs, nsaid, anabolic, or other steroids in the past year? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

I certify I have this day examined and checked the description of the animal described and found it to be sound and in good health. To the best of my knowledge the animal is kept in good conditions, free of infectious disease and there are no signs of any conditions that would prevent this animal from being insured. There is no evidence of previous injury, lameness or prior surgery and I have ascertained that the animal has not been ill or injured during the past twelve months. Please note any exceptions \_\_\_\_\_

Veterinarian's Name (Please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Veterinarians Signature \_\_\_\_\_

\_\_\_\_\_ Date

Thank you for taking the time to complete this veterinary exam form. Your efforts help to eliminate unsuitable insurance risks and as a result we are able to continue to offer quality and service at an affordable price.