

JUSTIN INSURANCE1256 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 _____ Age _____
 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 COW

- | | | |
|---------------------------------------|---------------------|--------|
| 1. Is herd free of Mastitis? | Yes () | No () |
| 2. Is the cow bred? | To what bull? _____ | |
| 3. Did she have a calf last year? | Yes () | No () |
| 4. Any previous calving problems? | Yes () | No () |
| 5. Has cow previously had milk fever? | Yes () | No () |
| 6. Cow used for embryo transfer? | Yes () | No () |

If yes, number of successful embryos transferred last year? _____
 Detail any problems or concerns _____

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 _____

Veterinarian's 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.