

VETERINARIAN LIVESTOCK EXAMINATION REPORT FOR INSURANCE

AGENT / BROKER [REDACTED] ACCOUNT NO.: [REDACTED] POLICY NUMBER [REDACTED]

Livestock being examined for insurance should be moved about outside the stall to demonstrate soundness on limb and freedom of movement. Careful observation and enquiry should be made as to housing conditions and the exposure and / or presence of contagious disease. This certificate should be completed by the examining Veterinarian to the best of his /her ability as a licensed Veterinarian. The completed certificate should be forwarded to the insurer without delay.

I [REDACTED] do hereby certify that I am a qualified Veterinarian holding the current license No [REDACTED] registered with the [REDACTED] and I have on the [REDACTED] day of the [REDACTED] month examined the following listed livestock owned by (Client / Farm name) Total number of livestock in the farm [REDACTED]

- Number of livestock to be insured : [REDACTED]
- Uninsured livestock : [REDACTED]

1. SCHEDULE OF LIVESTOCK TO BE INSURED

No.	Identification number (tags, tatoos, microchips etc.)	Breed	Age	Sex	Market Value Ksh.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					

Note: if this space is not enough, please use extra sheet and make attachment.

2. GENERAL EXAM

- i) Are the temperature, pulse rate, and respiratory rate within the normal range? YES NO
- ii) Are eyes clinically normal? YES NO
- iii) Any signs of fever or illness? YES NO
- iv) Signs of lameness or in-coordination? YES NO

Please give details:

Three horizontal blue dashed lines for providing details.

3. Has any surgery or procedure requiring local or general anesthetic been performed on any animal?:
YES NO

If yes, please give details (date of surgery, recovery, likelihood of further complications to reproductive abilities or general health)

Three horizontal blue dashed lines for providing details.

4. Are all the animals having current vaccinations for contagious diseases? YES NO

5. In the past 12 months have these animals been treated for endo or ectoparasites (deworming)? YES NO

6. I have examined the reproductive organs of the above noted animal and found them to be properly developed for the age of the animal and without abnormality. YES NO
If NO, please give details

Three horizontal blue dashed lines for providing details.

Any additional comments:

Three horizontal blue dashed lines for providing additional comments.

In your own opinion to your knowledge, are there any medical facts that should be brought to the attention of the insurance company?

Three horizontal blue dashed lines for providing medical facts.

I hereby certify that i have examined the above identifiable animals and found them to be of the health condition and age stated and verified by the above questions.
Except as noted above, i hereby certify these animals are in sound and healthy conditions for the use stated above.
I further certify that i found the housing to be

Three horizontal blue dashed lines for providing housing details.

Name of the Veterinarian : _____
Qualifications : _____
Telephone Number : _____
Signature, stamp and date : _____

Veterinary Certificates must be received by THE HERITAGE INSURANCE COMPANY KENYA LTD within 15 days of the examination

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