VETERINARY CERTIFICATE

1786992 ALBERTA LTD. o/a STOCKMENS INSURANCE PH: 306-931-0088 FAX: 306-931-8782 EMAIL: rkohle@stockmensinsurance.ca			AGENT STAMP / CONTACT INFO	
CLIENT'S NAME – FARM OR INDIVIDUAL:	DATE OF	EXAMINATION:	ON:	
ATTENDING VETERINARIAN:	LOT#	ENTIRE TATTOO / RFID #		
Veterinary Clinic				
Phone Number Email	SEX	BR	EED	BIRTHDATE
Are you the regularly attending veterinarian for this Farm or Individual? In the state of the s				
INSTRUCTIONS TO EXAMINING VETERINARIAN: An adequate history, including the possibility of an accident, illness or disease or surgical operations (e.g. dehorning), must be recorded below. It is required that each animal shall be examined outside the stall and that it be made to move about to demonstrate freedom from lameness. A physical examination of each individual, including temperature, pulse rate and respiratory rate, must be performed. Further tests or specialized diagnostic procedures may be requested by the Insurance Company.				
A. Environment				
1. Where was this animal examined:				☐ Yes ☐ No
4. Have any cases of bloat or grain over-load been treated in this herd in the past 12 months?				☐ Yes ☐ No
Body Condition Score: (A score of 1 is very thin, a score of 5 is very fat) Docility Score: (A score of 1 is very quiet, a score of 5 is wild and may charge) 5. Are the temperature, pulse rate and respiratory rate within the normal range? 6. Do the eyes appear normal? 7. Does the coat appear normal? 8. Does this animal manifest any lameness or faulty confirmation in any of its feet or legs, including long toes? 9. Has any surgery or procedure requiring local or general anesthetic been performed on this animal? If yes, please give details (date of surgery, recovery, likelihood of further complications to reproductive abilities or general health). 10. Does this animal have current vaccinations for Blackleg, Footrot, IBR, BVD and Haemophilus?				4 5 No Yes Yes
11. In the past 12 months, has this animal been treated for endo or ectoparasites (deworming)?				☐ Yes ☐ No ☐ Yes ☐ No
C. Female Reproduction				
12. Is this cow examined yearly?13. Are the reproductive organs found to be properly developed for the age of the animal and without abnormality?If no, please give details:				☐ Yes ☐ No ☐ Yes ☐ No
14. Is this cow pregnant? If yes, state expected due date: 15. Symptoms detriment to satisfactory breeding / delivery?				☐ Yes ☐ No ☐ Yes ☐ No
If yes, explain: 16. Has this pregnant animal been vaccinated for Scours?				
or Male Reproduction				∐ Yes ∐ No
 17. Is this bull examined yearly? 18. Was this animal Trychomoniasis tested? 19. ☐ All items below are normal and properly developed for the animal Accessory Sex Glands ☐ Inguinal Rings ☐ Penis ☐ Preprint ☐ Preprin		otum 🔲 Scrotal S	Shape Testicles	Yes No Yes No Epididymides
D. Further Comments and Observations				
I hereby certify that I have examined the above identifiable animal and have found it to be of the health Condition and age stated and verified by the above questions. Except as noted above, I hereby certify this animal is in sound and healthy condition for the use stated above.				

Veterinarian Signature