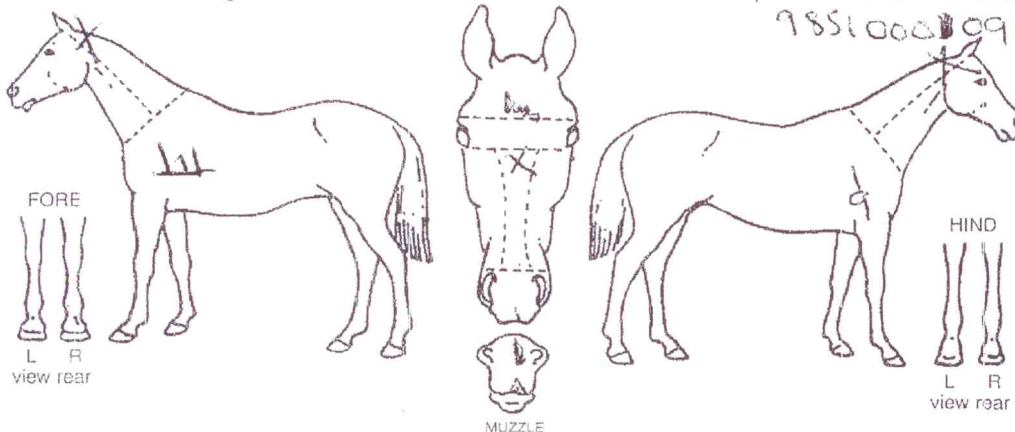




## CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE PURPOSES

Owner and Address (if known) .....  
Animal presented as: Un Named Breed: .....  
If Animal Unnamed: Sire: Northern Dancer Dam: Brown Phoenix  
Colour: Bay Age: 2yo Sex: Colt Approx. Ht: 15.2"  
Person requesting examination: .....  
Place of examination: Cannock TAS Ome NSW  
Draw Brands and/or Markings: Mark whorls as X, scars as → Microchip Scanned ☐ No: 98510000961619



Has your practice previously attended this horse? Regularly ☐ Occasionally ☒ Never ☐

	YES	NO
Does your practice normally attend this property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pulse and respiration normal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Temperature normal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes clinically normal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart auscultated and found normal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any indication of infection or disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any physical evidence of laminitis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the horse lame at the walk or trot?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there evidence of ataxia?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any obvious physical evidence of a previous abdominal surgery?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Broodmares</b>		
Is she reported in foal?	<input type="checkbox"/>	<input type="checkbox"/>
Any external condition detrimental to satisfactory breeding?	<input type="checkbox"/>	<input type="checkbox"/>
Has an internal examination of the reproductive organs been conducted?	<input type="checkbox"/>	<input type="checkbox"/>
(If so attach a separate report detailing examinations conducted, dates and findings)		
<b>Stallions</b>		
Are the external genitalia palpably and visibly normal?	<input type="checkbox"/>	<input type="checkbox"/>
Please give your opinion as to the significance of any abnormalities mentioned above		
<u>These horses is not my client's horse</u>		
<u>for 57 November</u>		

I have today performed a clinical examination on this horse in accordance with AEVA Insurance guidelines and except as noted above to the best of my knowledge and belief the horse is clinically normal and in a satisfactory condition.

Signed: [Signature]  
Veterinary Surgeon (print): Tim Kean  
AVA Member No: 988  
Date: 2/09/11 Time: 1:40pm

Practice Name, address, telephone no: 107412  
**CENTENNIAL PARK VETERINARY PRACTICE**  
AEN 91 072 794 944  
Veterinary Surgeons  
P.O. Box 535 Randwick NSW 2031  
Telephone: (02) 9360 6970