



# WILKINS LIVESTOCK INSURERS, INC.

FAX (402) 759-4903

Toll Free Number 800-826-9441

830 G Street

Geneva, Nebraska 68361

## VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE FOR CAMELIDS

I, \_\_\_\_\_ do hereby certify that I am a graduate of veterinary holding a current license as such to practice in the State of \_\_\_\_\_ State License No. \_\_\_\_\_

I have examined this day, (1) \_\_\_\_\_ (3) \_\_\_\_\_

Following animals: (2) \_\_\_\_\_ (4) \_\_\_\_\_

Owner of Animal: \_\_\_\_\_ (5) \_\_\_\_\_

	Yes/No		Yes/No
Pulse and respiration normal?	_____	History or evidence of flukes?	_____
Is Temperature Normal?	_____	Has animal been castrated?	_____
Are Eyes Clinically normal?	_____	If female, is she reported pregnant?	_____
Is Heartbeat Normal?	_____	If male, are both testicles evident?	_____
History or evidence of dystocia?	_____	Are teeth normal?	_____
If Cria (under 3 Mo.) IGG#	_____	Are Glands normal?	_____
If Cria, has it been bottled fed or tubed?	_____		

If any surgery has been performed, describe type of surgery, date performed, diagnosis and prognosis: \_\_\_\_\_

Over and underweight for size?(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

Additional Veterinary Comments \_\_\_\_\_

Any past history of intestinal attacks? (colic or Ulcers) \_\_\_\_\_

Tetanus Vaccination \_\_\_\_\_ Date given: \_\_\_\_\_

Enterotoxaemia Vaccination \_\_\_\_\_

Parasites: Internal fecal sample results (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
(4) \_\_\_\_\_ (5) \_\_\_\_\_

Feet and Legs: Does animal have any physical deformities, disease or infection of pads, etc? Please indicate degree of severity, duration and in your opinion, probable prognosis. Please describe any previous lameness problems:

Is the stabling adequate? \_\_\_\_\_

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the Company? \_\_\_\_\_

Is there evidence of vices or objectionable habits? \_\_\_\_\_

Except as noted above, I hereby certify that to the best of my knowledge and belief the animal is sound and normal in every other respect? \_\_\_\_\_

Additional Remarks \_\_\_\_\_

Signed \_\_\_\_\_

Veterinarian

Date of Examination \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Veterinary certificates are not accepted unless completed within 15 days prior to being received by the company office