

INDEPENDENT EQUINE AGENTS
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LIVESTOCK MORTALITY POLICY
FERTILITY EXAMINATION CERTIFICATE

OWNER: _____

NAME OF ANIMAL: _____

POLICY NUMBER: _____

I have examined the genitalia of the above animal. I consider same to show soundness for servicing as a stallion. I have palpated the testicles and find they are of normal dimensions and consistency and fully descended into the scrotum.

Date

Veterinarian's signature

N.B. Exceptions to above are as follows:

