



Insurance Carrier: **StarNet Insurance Company**
 U-W Office: 3655 North Point Parkway, Ste 625
 Alpharetta, GA 30005, (866) 298-5525

Agent Name, Address and Telephone Number:

VETERINARIAN EXAMINATION FORM – CATTLE

Description of Cattle Examined:					
	Name and Registration Number or Brand:	Age:	Sex:	Breed:	Use:
1					
2					
3					
4					

Cattle owned by: _____

To the best of your knowledge are there now or have there ever been any:					
		Name of Animal Examined:			
		Cattle 1	Cattle 2	Cattle 3	Cattle 4
1	Pulse, respiration, or temperature abnormalities?				
2	Eye problems or vision defects?				
3	Teeth or gum defects or disease?				
4	Incidents of bloat?				
5	Surgery performed?				
6	Conformation faults?				
7	Vices or objectionable habits?				
8	Indications of contagious disease in the animal, premises, or area				
9	Medical facts affecting, health, or use?				
10	Dangers to life or limb related to illness, injury, or disease?				
11	If female, is she pregnant? (If yes please provide due date)				
12	If female, any past breeding problems?				
13	If male, any problems with testicles?				
14	Have all examined cattle been immunized?				

Please provide detailed answers for any yes responses and details of any surgery, illness, injury, or disease and how it will affect the animal's health or use:

If more space is required please attach a separate page with the questions involved, name of the animal being described, and any relevant tests or other notes to help us understand the specific issues you are raising with respect to any of the described animals.

I have examined the cattle named above, at rest and while in motion.

Veterinarian's Signature	Date and Time of Examination
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Name of Examining Veterinarian:			
Address:			
Telephone Number:		Facsimile Number:	

COVERAGE IS BOUND ONLY WHEN A BINDER HAS BEEN ISSUED BY THE COMPANY.

RETURN THIS COMPLETED FORM TO THE INSURANCE AGENT. Please do not mail directly to StarNet.