

**EXCALIBUR INSURANCE AGENCY** - An Appointed Agent of StarNet Insurance Company

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**FERTILITY EXAMINATION FORM**

***This form is to be completed by a licensed veterinarian in addition to the regular veterinarian certificate when Stallion Infertility is being applied for.***

\_\_\_\_\_  
**Insured Name**

\_\_\_\_\_  
**Agent Name**

\_\_\_\_\_  
**Horse Name**

\_\_\_\_\_  
**Policy Number**

Left Testicle Size

Right Testicle Size

\_\_\_\_\_  
**Height**

\_\_\_\_\_  
**Height**

\_\_\_\_\_  
**Width**

\_\_\_\_\_  
**Width**

\_\_\_\_\_  
**Circumference**

\_\_\_\_\_  
**Circumference**

**Veterinarian Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HAVE EXAMINED THE GENITALIA OF THE ABOVE ANIMAL. I HAVE PALPATED THE TESTICLES AND FIND THAT THEY ARE WITHIN NORMAL PARAMETERS AND FULLY DESCENDED INTO THE SCROTUM. I CONSIDER THIS STALLION SOUND AND FIT FOR BREEDING.

\_\_\_\_\_  
**Veterinarian's Signature**

\_\_\_\_\_  
**Date of Exam**

**RETURN THIS COMPLETED FORM TO THE INSURANCE AGENT. DO NOT SEND DIRECTLY TO THE INSURANCE COMPANY.**