

DECLARATION OF HEALTH



(To be signed by the owner or person responsible for the horse)

Please complete and return this form immediately

NAME	SEX:
SIRE:	DAM:
DATE OF BIRTH:	USE:
SUM INSURED:	PURCHASE PRICE:/
	OR JUSTIFICATION OF VALUE

OWNER: POLICY NO:

TRAINER:

1. Has the above animal/s suffered from colic or any other colic related illness? YES/NO
If yes, please give details/dates

2. Has the above animal/s suffered from any other illness or disease or undergone any surgery?
YES/NO
If yes, please give details/dates

3. Has there been any evidence of contagious or infectious disease at the stable/stud farm where the animal is kept?
YES/NO
If yes, please give details/dates

4. Has the animal/s been fired, blistered, nerved, operated on, suffered tendon problems or received treatment for Lameness at any time, or does the animal have faulty conformation? YES/NO
If yes, please give details/dates

Has the animal made a complete recovery? YES/NO

5. Is the above animal/s normal in eye wind and action to the best of your knowledge?
YES/NO
If no, please give details/dates

6. If a foal, did the IGG level exceed 800 mg/dl without transfusion prior to 24 hours after birth?
YES/NO

7. Has the proposed insured ever experienced any losses/claims and/or thefts insured or not insured? YES/NO
If yes, please give details/dates

8. Has the proposed insured ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson or drugs, or is any prosecution pending against them? YES/NO
If yes, please give details/dates

9. How long has this horse been in your care/possession?
.....YEARS.....MONTHS

SIGNED..... DATED.....
OWNER/AGENT/TRAINER