



## OWNER/TRAINER'S DECLARATION

<b>Horse:</b>		
<b>Sire:</b>	<b>Dam:</b>	<b>Year of Birth:</b>

**This declaration forms part of a proposal for Mortality and Loss of Use Insurance and its accuracy will be relied upon by Underwriters in their assessment of the risk.**

I hereby state to the best of my knowledge and belief that the above horse has never received any of the treatments listed below:-

- |    |   |     |
|----|---|-----|
| a) | Neurectomy.<br><i>If yes, please give details</i>   | Y/N |
| b) | Blistering or firing.<br><i>If yes, please give details</i>   | Y/N |
| c) | Shock wave therapy.<br><i>If yes, please give details</i>   | Y/N |
| d) | Intra-articular medications<br><i>If yes, please give details</i>   | Y/N |
| e) | Androgenic or anabolic steroids.<br><i>If yes, please give details</i>  | Y/N |
| f) | Non-steroid anti-inflammatory, analgesic or prophylactic medication, or any form of treatment for remedial purposes including farriery.<br><i>If yes, please give details</i> | Y/N |
| g) | Has not received any drugs other than routine wormers and flu vaccinations.<br><i>If yes, please give details</i>   | Y/N |

Signed

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Address:

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Date:

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