



Declaration of Health

Owner Name: _____
 Address: _____
 Phone Number: _____ Policy Number: _____

Horse's Name (or sire/dam name)	Age	Breed	Sex	Use

Desired Insured Value: _____

1. The above animal at present is normal in eyes, wind, and action and represents a normal risk for Mortality insurance purposes. Yes No

If no, give details: _____

2. Has the above animal suffered from colic or any other colic related illness at any time? Yes No

If yes, give details: _____

3. Has the above animal suffered from any other injury, illness or disease or undergone any surgery at any time? Yes No

If yes, give details: _____

4. Has there been any evidence of contagious or infectious disease during the past twelve months in the location where the animal is kept? Yes No

If yes, give details: _____

5. Has the above animal been castrated, fired, blistered, de-nerved, operated on or received treatment for lameness? Yes No

If yes, give details: _____

6. Does the animal have faulty conformation that could affect its ability to be used for the purpose described above? Yes No

If yes, give details: _____

7. Has the above animal been examined by a veterinarian at any time other than for normal routine maintenance? Yes No

If yes, give details: _____

8. If mare, is horse in foal? Yes No If yes, give name of covering stallion: _____

9. Name and address of person who has care, custody, and control: _____

10. If you answered "yes" to questions #2-7, please indicate if the animal has fully recovered? Yes No

If no, give details: _____

I hereby certify that the information provided is true and correct and that no information, which would materially affect this insurance, has been withheld.

Signed: Insured Trainer Manager (Please check one)

_____ Date

Note: The information given in this declaration should be provided by the person having care, custody and control of the animal and forms the basis of the insurance contract. Incorrect answers could invalidate the policy.