

## DECLARATION OF HEALTH

**TO BE COMPLETED AND SIGNED BY THE OWNER OR PERSON RESPONSIBLE FOR THE HORSE.**

Horse name : \_\_\_\_\_ Colour : \_\_\_\_\_ Sex : \_\_\_\_\_  
 Sire : \_\_\_\_\_ Dam : \_\_\_\_\_ Date of birth : \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Usage : \_\_\_\_\_  
 Owner : \_\_\_\_\_ Value : \_\_\_\_\_

**Please answer the following questions to the best of your knowledge and ability with YES or NO, if you need more space to answer please use the back of this form.**

- 1) Has the above horse ever suffered from any form of colic or other intestinal or digestive disorder, or fracture, lameness, tendon or ligament injury, accident, illness or disease (including "the virus") or undergone any surgery (including castration if within the last twelve months) whilst in your \*ownership/care or before? (\*delete as applicable)  
 If YES give details including recovery status YES ☐ NO ☐
- 2) Has there been any evidence of contagious or infectious disease during the past twelve months in the location where the horse is kept?  
 If YES give details including current status YES ☐ NO ☐
- 3) During the last twelve months has the above horse received attention from any Veterinary Surgeon, Physiotherapist, Chiropractor, Acupuncturist or Homoeopathist for any reason other than routine vaccination or swabs, or received any other form of treatment for remedial purposes including farriery, and is the horse currently receiving any non-steroid anti-inflammatory or analgesic medication?  
 If YES give details including recovery status YES ☐ NO ☐
- 4) Has the above horse ever suffered from melanomas, sarcoids, warts or any other type of growth?  
 If YES give details including current status YES ☐ NO ☐
- 5) Has the above horse been Fired, Nerved or received any other treatment for lameness? (other than corns or sore shins)  
 If YES give details including current status: YES ☐ NO ☐
- 6) To the best of your knowledge and belief are the external genitalia of the above animal, normal?  
 If NO give details NO ☐ YES ☐
- 7) To the best of your knowledge is the above animal at present normal in conformation, eyes, heart, wind and action and in good health and does it therefore in your opinion represent a normal risk for mortality and infertility insurance purposes for the use described above?  
 If NO give details NO ☐ YES ☐
- 8) If it's a stallion, are both testicles normal?  
 If NO give details NO ☐ YES ☐

**I hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which could materially affect this insurance has been knowingly withheld**

DATE : \_\_\_\_/\_\_\_\_/20\_\_\_\_ Name (please print) : \_\_\_\_\_ Telephone number : \_\_\_\_\_

SIGNED : (\*Owner/Other-please specify below)

**N.B. : The information in this declaration forms the basis of the insurance contract and incorrect answers could invalidate the policy.**

**If you have ticked any of the boxes in the left hand column overleaf, please complete below as appropriate. Please forward copies of any relevant veterinary reports :**

Questions 2 – 7 / Further details :			
Date of problem	Type of problem	Treatment Details	Recovery Status

Additional Information :	