

DECLARATION OF HEALTH

To be completed by the owner of the horse or the person responsible for the horse(s).
Before answering any question, read carefully the paragraph at the end of this declaration which you are required to sign.

Name of Owner:

Name of Horse:

Amount Insured:

Age:

Sex:

color:

breed:

use:

Please answer all questions to the best of your knowledge and ability. Circle the yes or no response. **If any questions are answered yes, please explain in the comments section at the end of this form, including the nature of the therapy and the recovery status.**

1. To the best of your knowledge is the above horse at present normal in conformation, eyes, heart, wind and action and in good health? YES / NO
2. Has the horse received attention from any veterinarian, physiotherapist, acupuncturist, or homeopathist for any reason other than routine maintenance? YES / NO
3. Has the above horse ever suffered from any fracture, lameness, tendon or ligament injury, joint disease, accident, illness or other disease or undergone any surgery (including castration if within the last 12 months)? YES / NO
4. Has the horse ever suffered from melanomas, sarcoids, warts, or any other type of growth? YES / NO
5. Has the horse had any incidents of colic or gastro-intestinal disorders and/or ulcers? YES / NO
6. Is the horse currently receiving any non-steroid anti-inflammatory or analgesic medication? YES / NO
7. Is your horse being treated with any drug(s) or therapy either presently or in the past 12 months? YES / NO
8. Has the horse received any joint injections? If yes, please give full details below of what drug is being injected, where it is being injected, how often injected, along with details of the condition for which such injections are being given or if for routine maintenance. YES / NO
9. Has the horse been nerved, undergone diagnostics, such as, ultrasound or x-rays, and/or received any treatment for lameness? YES / NO
10. In regard to Quarter Horses, Appaloosas, Paints - Does the horse have an ancestor known to carry HYPP? If so, what is the status? YES / NO
11. Is the horse leased or financed (installment sale)? If so, provide a copy of the agreement. YES / NO
12. Has there been any evidence of contagious or infectious disease during the past twelve months in the location where the horse is kept? YES / NO

I confirm that I follow Dr. _____'s advice with regard to vaccinations (including West Nile Virus) and worming procedures and will continue to do so.

Do you understand that you must give immediate notice to Taylor, Harris Insurance Services in the event of any illness, disease, physical disability or death occurring to your horse, and do you agree to give such notice? Please note that failure to do so may result in your claim being denied. YES / NO

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.

I also certify firsthand knowledge of the health and condition of the horse.

I understand that the signing of this declaration does not bind me to an insurance contract, but agree that, should a contract of insurance be concluded, this declaration of health and the statements made in it shall form the basis of the contract.

You must inform us of any change in circumstances which may materially affect this insurance.

I have signed this declaration of health in the full knowledge of all treatments to the horse in the last twelve months. It is understood that failure to disclose all such information may result in the insurance contract being null and void.

Signed (please specify if owner/other):

Name (print):

Date:

Comments concerning above YES answers, including particulars of the incident, date occurred, name of veterinarian who provided care, and current status: