



TAYLOR HARRIS INSURANCE SERVICES, LTD

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Declaration of Health

NO DECLARATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED

Name of Insured:				
Name of Horse:		Year of Birth/Age:		
Amount Insured:		Sex:		Color:
Breed:				Use:

To be completed by the owner/person responsible for the horse. Please answer all questions to the best of your knowledge and ability.

- 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
- Has the horse received attention from any veterinarian, physiotherapist, acupuncturist, or homeopathist for any reason other than routine maintenance? Yes No
- 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
- Has the horse ever suffered from melanomas, sarcoids, warts, or any other type of growth? Yes No
- Has the horse had any incidents of colic or gastro-intestinal disorders and/or ulcers? Yes No
- Is the horse currently receiving any non-steroid anti-inflammatory or analgesic medication? Yes No
- Is your horse being treated with any drug(s) or therapy either presently, or in the past 12 months? Yes No
- 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
- Has the horse been nerved, undergone diagnostics, such as, ultrasound or x-rays, and/or received any treatment for lameness? Yes No
- In regard to Quarter Horses, Appaloosas, and/or Paints: Does the horse have an ancestor known to carry HYPP? (If yes, describe status below.) Yes No
- Is the horse leased or financed (installment sale)? **If yes, provide the current, signed, and dated agreement.** Yes No
- Has there been any evidence of contagious/infectious disease in the past 12 months in the location where the horse is kept? Yes No

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

If questions 2-12 are answered "Yes," please explain, including:

Particulars of the Incident(s), Date of Occurrence, Name of Veterinarian who provided care, and **Current Status** (refer to relevant claims if necessary).

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. I understand that I must give immediate notice to Taylor, Harris Insurance Services in the event of any illness, disease, physical disability, or death occurring to my horse, and I agree to give such notice. Please note that failure to do so may result in your claim being denied.

Date:

Signed:

Name (print):

Specify if owner/other: