



P.O. Box 3870, Glen Allen, VA 23058-3870
 (800) 446-7925 Fax (804) 527-7999

Declaration of Health

Policy Number: _____

Owner: _____

Horse's Name	Purchase Price & Date	Desired Insured Value
	\$ /	\$

1. To the best of your knowledge is the above animal at present normal in eyes, wind and action and does it, in your opinion, represent a normal risk for Mortality insurance purposes? If no, give details. Yes No
2. Has the above animal suffered from colic or any other colic related illness at any time? If yes, give details. Yes No
3. Has the above animal suffered from any other injury, illness or disease or undergone any surgery at any time? If yes, give details. Yes No
4. Has there been any evidence of contagious or infectious disease during the past twelve months in the location where the animal is kept? If yes, give details. Yes No
5. Has the above animal been castrated, fired, blistered, de-nerved, operated on or received treatment for lameness? If yes, give details. Yes No
6. Does the animal have faulty conformation that could affect its ability to be used for the purpose described above? If yes, give details. Yes No
7. Has the above animal been examined by a veterinarian at any time other than for normal routine maintenance? If yes, give details. Yes No
8. a. Quarter Horses/Appaloosas/Paint horses: Does pedigree have HYPP linkage? Yes No
 b. If yes, has horse(s) been tested? Yes No
 c. What were the results? _____
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? _____

Details:

Continue on a separate sheet of paper, if needed.

I hereby certify that to the best of my knowledge and belief, the information provided is true and correct and that no information, which would materially affect this insurance, has been withheld.

Signed: Insured/Trainer/Manager (Delete as applicable) _____ 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.*