



**DECLARATION OF HEALTH FOR INSURANCE**

(to be signed by the owner or person responsible for the horse)

Please read this form carefully, complete it and return as soon as possible to **E-Quine Insurance Services fax no. (02) 9988 3849**

**Name of horse:** ..... **Owner:** .....

**Sire:** ..... **Dam:** .....

**Date of Birth:** ..... **Use:** .....

**Sum Insured:** ..... **Markings or Tattoo Number:** .....

**Sex:** ..... **Colour:** .....

- |  | <b>YES/NO</b>            |
|--|--------------------------|
| 1. Has the above horse suffered from colic or any other related illnesses at any time to the best of your knowledge? If 'YES' give details.<br>.....   | <input type="checkbox"/> |
| 2. Has the above horse suffered from any accident, illness or disease or undergone any surgery at any time to the best of your knowledge? If 'YES' give details.<br>.....  | <input type="checkbox"/> |
| 3. Has there been any evidence of contagious or infectious disease during the past 12 months at the stables/farm where the horse is kept? If 'YES' give details.<br>.....  | <input type="checkbox"/> |
| 4. Has the above horse been fired, blistered, denerved, operated on or received treatment for lameness (other than sore shins) at any time to the best of your knowledge or does the horse have any faulty conformation? If 'YES' give details.<br>..... | <input type="checkbox"/> |
| 5. Has the above horse suffered at any time from melanomas, sarcoids, warts or any other type of growth? If 'YES' give details.<br>.....   | <input type="checkbox"/> |
| 6. Is the above horse at present normal in eye, wind and action to the best of your knowledge and does it in your opinion represent a normal risk for the insurance that is being proposed? If 'NO' give details.<br>.....                               | <input type="checkbox"/> |

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

Signed ..... Dated .....

(Owner/Veterinary Surgeon/person responsible for horse)

**NB: THE INFORMATION GIVEN ON THIS DECLARATION FORMS THE BASIS OF THE INSURANCE CONTRACT AND INCORRECT ANSWERS COULD INVALIDATE THE POLICY**