



DECLARATION OF HEALTH

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

Please complete and return this form immediately

NAME: _____ SEX: _____
SIRE: _____ DAM: _____
DATE/YEAR OF BIRTH: _____ USE: _____
INSURED/OWNER: _____ SUM INSURED: _____

1. Has the above animal/s suffered from colic or any other colic related illness? YES/NO
If yes, please give details/dates.....
2. Has the above animal/s suffered from any other illness or disease or undergone any surgery?
YES/NO
If yes, please give details/dates.....
3. Has there been any evidence of contagious or infectious disease at the stable/stud farm where the
animal is kept? YES/NO
If yes, please give details/dates.....
4. Has the animal/s been fired, blistered, nerved, operated on, suffered tendon problems or received
treatment for lameness at any time, or does the animal have faulty conformation? YES/NO
If yes, please give details/dates.....
Has the animal made a complete recovery? YES/NO
5. Is the above animal/s normal in eye, wind and action to the best of your knowledge? YES/NO
If no, please give details/dates.....
6. If a foal, did the IgG level exceed 800 mg/dl without transfusion prior to 24 hours after birth?
YES/NO
7. How long has this horse been in your care/possession?.....YEARS.....MONTHS

SIGNED..... DATED.....
OWNER/AGENT/TRAINER/OTHER (specify) (position)