

# STATEMENT OF HEALTH

## Horses Only



Producer's Name _____ Agency Code _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-Mail Address _____
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**This Statement forms part of the Animal Mortality Application for Horses.  
(To be completed by the applicant.)**

<u>Animal Name</u>	<u>Date of Birth</u>	<u>Date of Purchase</u>	<u>Purchase Price</u> (or stud fee if raised)	<u>Requested Limit of Insurance</u>
<u>Identification</u> (Sire/Dam, Registration#, Tattoo#, Microchip#, or Pictures if unregistered)		<u>Sex</u> (Stallion, Mare, Colt, Filly, Gelding)	<u>Breed</u>	<u>Use</u>

1. Has the horse been examined or treated by a veterinarian for any accident, injury, sickness, disease, lameness, or other than routine care within the last year? If YES, Please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the horse currently free of lameness and healthy without the use of drugs? If NO, Please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the horse undergone diagnostic ultrasound, bone scan, or x-rays within the last 12 months? If YES, Please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the horse have any past conformational problems or defects, illness or disease, lameness, or injury or physical disability including, but not limited to: laminitis/founder, OCD, neurological disorders (e.g. EPM) navicular disease, and/or degenerative joint disease? If YES, Please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the horse been nerved or received any treatment for lameness? If YES, Please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 36 months? If YES, Please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the horse had any colic, colic surgery, impaction, or intestinal disorder within the last 12 months? If YES, Please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the horse due to foal any time during the requested Policy Period? If Yes, please give: Estimated Foaling Date: _____;    Number of Previous Foals: _____;    Stud fee: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has the horse ever experienced birthing difficulties? (Mares only) If YES, Please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No

I declare the above statements are true and complete, and that no material information was withheld.

Applicant's Signature	Date: (Must be no more than 30 days prior to policy effective date)
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