

Statement of Health – Horses Only

Producer's Name	Applicant's Name
Agency Code	Mail Address
Mail Address	City, ST Zip
City, ST Zip	Phone
Phone	Fax
Fax	E-Mail Address
E-mail Address	

**This Statement of Health forms part of the Animal Mortality Application for Horses
(Must be completed by the Applicant) Yes**

Animal Name	Date of Birth	Date of Purchase	<u>Purchase Price</u> (or stud fee if raised)	<u>Requested Limit of Insurance</u>
Identification (Sire/Dam, Registration#, Tattoo#, Microchip#, or Pictures if unregistered)		Sex (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 and/or lameness in the last 12 months? 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 ultrasound, bone scan, gastroscope, 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, kissing spine, arthritis and/or degenerative joint disease? If YES, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Has the horse had a neurectomy or received any surgical treatment for lameness? If YES, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Has the horse received any long- or short-term medication or any preventative treatments in the last 24 months? If YES, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Has the horse received any joint injections in the last 24 months? If YES, which joints? How often? Names of meds? Date of last injection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Has the horse had any colic, colic surgery, impaction, gastric ulcers, or intestinal disorder within the last 12 months? If YES, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	If a mare, is the mare 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
10.	If a mare, has the mare ever experienced birthing difficulties? 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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