



DECLARATION OF HEALTH

This is an important document which provides information that insurers will rely upon in deciding whether to insure the horse/s and on what terms. Please answer each question carefully. The person completing this declaration must be fully aware of the health status of the horse/s, which requires them to make enquiries with any other persons who have/had custody and/or ownership of the horse/s if necessary. If there is insufficient space to provide an answer to any question, attach a separate sheet with full details. **If you are in doubt as to the health of the horse/s submit a veterinary certificate.**

QUESTIONNAIRE All Questions must be answered. Tick the appropriate box and supply information as requested.

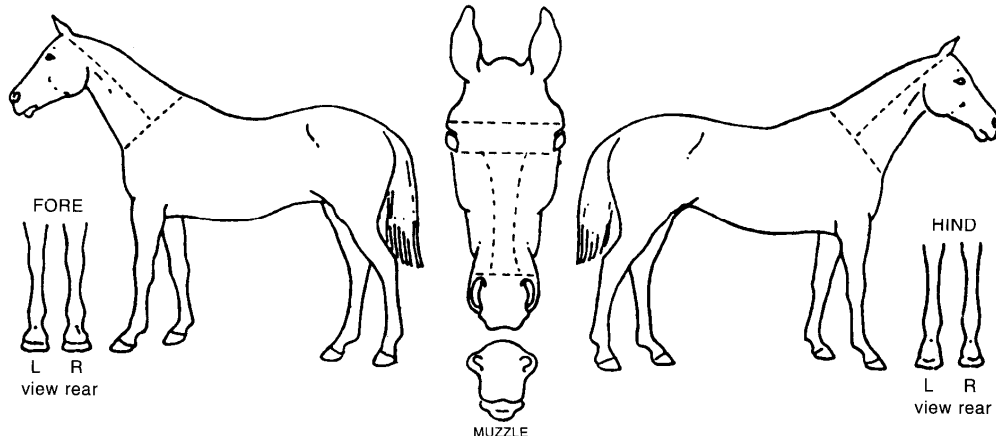
1. **NAME OF OWNER:**
2. To your knowledge, has/have the horse/s suffered any illness, injury or disease in the last 12 months? Yes No
(If Yes, is/are the horse/s: Fully recovered , Not fully recovered)
3. To your knowledge, has/have the horse/s received any veterinary treatment in the past 12 months? Yes No
4. To your knowledge, has/have the horse/s ever suffered an attack of colic? Yes No
5. To your knowledge, is there any other factor affecting the health of the horse/s which should be disclosed? Yes No

If the answer to any of the above questions is Yes, give full **details** and **dates** :

HORSE IDENTIFICATION -

NAME

BREED



YEAR OF BIRTH

COLOUR

SEX

Female

Entire Male

Gelding

NAME OF SIRE:

NAME OF DAM:

DECLARATION

I, (print your name), hereby declare that, following due enquiry, the horse/s described above is/are in a good state of health and condition and to the best of my knowledge and belief has/have not suffered any illness, injury, disease or other condition during the past 12 months except as stated above.

Signature: Date:

Being the: Manager, Trainer, Owner, or Other: