



INCIDENT NOTIFICATION (Illness/Injury/Operation)

*In the event of an illness or injury affecting your animal, please complete this form and fax it to Logans as soon as possible.
Please return this form to Logans at least 24 hours prior to the scheduled time of any non-lifesaving surgery.*

Personal information we collect from or about you is for the purpose of insurance. Such information may be disclosed to and/or collected from others in the course of that insurance. You can choose not to provide personal information, however we may therefore be unable to provide insurance cover or process claims. Please contact us if you wish to obtain a copy of our Privacy Policy or should you wish to update or access the information we hold about you.

To: Logan Livestock Insurance Agency
Fax: 61-2-9909 8057

Date: _____ / _____ / _____
No. of Pages _____

From: _____ **Phone No.** _____

Email: _____

Insured/s: _____

Policy No: _____

Name Of Animal: _____ **Age:** _____

Details of Animal: **Sex:** _____ **Sire:** _____ **Dam:** _____

Limit of Liability: \$ _____

Date Of Illness/Injury: _____ / _____ / _____ **First Vet. Treatment:** _____ / _____ / _____

Location: _____

Trainer/Manager: _____ **Phone:** _____

Veterinarian: _____ **Phone:** _____

Status/Prognosis: Good/Fair/Guarded/Poor/Destroyed/Dead

Type of Illness/Injury: _____
(Give full details)

(If there is insufficient space to provide full details, please attach a separate page)

Reports Attached: Yes No _____

Vet. Report Requested: Yes No _____

Signed: _____