

STATEMENT OF HEALTH

Insured's Name _____ Desired Effective Date _____

Insured's Address _____

Horse # 1 - Name _____

	Age		Color		Sex		Breed
Sire _____		Dam _____					
PLEASE CONFIRM TYPE OF SHOW USE ie: WP, HUS, ROP, H/J, HAL, CUT, RE, BRLS, etc							
Exact Use _____			Sum Insured _____				

Horse # 2 - Name _____

	Age		Color		Sex		Breed
Sire _____		Dam _____					
PLEASE CONFIRM TYPE OF SHOW USE ie: WP, HUS, ROP, H/J, HAL, CUT, RE, BRLS etc							
Exact Use _____			Sum Insured _____				

- | | Horse #1 | Horse #2 |
|--|---|---|
| 1. Is the horse currently free of lameness and healthy, without the use of drugs, for the use intended? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the horse have any past conformational problems or defects, illness or disease, lameness, injury, or physical disability, including but not limited to laminitis/founder, OCD, neurological disorders, tendon or ligament injury, navicular disease and/or degenerative joint disease. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has the horse had any colic, impaction, colic surgery or intestinal disorder within the past 3 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has the horse been nerved, undergone diagnostic ultrasound or X-rays or received surgical treatment for lameness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Has the horse received any joint injections? If yes, please provide details as to what drug was injected, where it was injected, how often injected, and details of the condition causing such injections to be given: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | | |
| 6. Has the horse received any type of medication (long or short term) or any preventative treatments in the last 24 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Has the horse been examined or treated by a veterinarian for other than routine care within the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Has the horse ever suffered from melanomas, sarcoids or any other type of growth? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. If mare, is she in foal? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, give last service date and covering stallion name: | | |
| Horse # 1 _____ | | Horse #2 _____ |
| 10. Has horse been vaccinated against West Nile Virus? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. For all Quarter Horses, Appaloosas or Paints – Does the horse have an ancestor known to carry HYPP? If "yes", indicate HYPP status (circle one) | <input type="checkbox"/> Yes <input type="checkbox"/> No
N/N N/H H/H | <input type="checkbox"/> Yes <input type="checkbox"/> No
N/N N/H H/H |
| 12. How long have you owned and/or had custody of the horse? | _____ | _____ |

If "yes" was answered to any question(s) 2 through 7 above, please provide details below. Include onset date, diagnosis, treatment, how condition was resolved and when horse returned to full work.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime and may subject such persons to criminal and civil penalties.

I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted or misrepresented statement voids any policy of insurance issued on the basis of these statements.

Signature: _____

Date: _____