



Declaration of Health

(To be signed by the owner or person responsible for the horse)

Please read this form carefully, complete and return to Anglo Hibernian immediately ()

NAME		SEX	
SIRE		DAM	
DATE OF BIRTH		USE	
ASSURED		SUM INSURED	

Please answer the following questions to the best of your ability. Please attach additional sheet(s) if required

1. Has the above horse suffered from colic? YES NO
If YES please provide more details including dates.....
2. Has the horse suffered from any illness or disease at any time to the best of your knowledge?
YES NO
If YES please provide more details including dates
3. Has the horse undergone any surgery at any time to the best of your knowledge? YES..... NO.....
If YES please provide more details including dates.....
4. Has there been any evidence of contagious or infectious disease during the past twelve months at the stables/stud/farm where the horse is kept? YES NO
If YES please provide more details including dates.....
5. Has the above horse been fired, blistered operated on or received treatment for lameness (other than sore shins) at any time to the best of your knowledge. YES NO
If YES please provide more details including dates.....
6. Is the above horse at present normal in eye, wind and action to the best of your knowledge and does it in your opinion represent a normal risk for mortality insurance purposes? YES NO
If NO give details

I hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which would materially affect this insurance has been withheld.

SIGNED **DATE**
(OWNER / TRAINER / MANAGER) delete as applicable

N.B. The information given in this Declaration forms the basis of the insurance contract and incorrect answers could invalidate the Policy.