

Anglo Hibernian Bloodstock Insurance Services Limited

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DECLARATION OF HEALTH

Owner Name:	Policy Number:
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Horse Name (or sire/dam name)	Date of Birth	Breed	Sex	Use

Insured Value	Location

1. To the best of your knowledge, is the above horse at present normal in eyes, wind, and action, and does it, in your opinion, represent a normal risk for Mortality insurance purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, please give details:</i>	
2. Has the above horse suffered from colic or any other colic related illness at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please give details:</i>	
3. Has the above horse suffered from any other injury, illness or disease or undergone any surgery at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please give details:</i>	
4. Has there been any evidence of contagious or infectious disease during the past twelve months in the location where the horse is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please give details:</i>	
5. Has the above horse been castrated, fired, blistered, de-nerved, operated on, or received treatment for lameness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please give details:</i>	
6. Has the above horse been examined by a veterinarian at any time other than for normal routine maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please give details:</i>	
7. If mare, is horse in foal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - male	<i>If yes, please provide name of covering stallion:</i>
8. If you answered "yes" to any of questions 2-7 above, please indicate if the animal has fully recovered.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If NO, please give details (if additional sheets are attached please specify how many _____)</i>	

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

Signature: _____ Date: _____

Please check one: Owner Trainer Manager

Note: The information given in this declaration should be provided by the person having care, custody and control of the animal.