

STATEMENT OF HEALTH AND CONDITION

DURING THE PAST TWELVE (12) MONTHS OR TO THE BEST OF YOUR KNOWLEDGE FOR:

(1) _____ (2) _____ (3) _____

(1) Has the aforementioned animal(s) suffered from or been treated for:

	(1)	(2)	(3)
A) COLIC	YES () NO ()	YES () NO ()	YES () NO ()
B) COLIC RELATED ILLNESS	YES () NO ()	YES () NO ()	YES () NO ()
C) LAMINITIS/FOUNDER	YES () NO ()	YES () NO ()	YES () NO ()
D) DEGENERATIVE JOINT DISEASE	YES () NO ()	YES () NO ()	YES () NO ()
E) NEUROLOGICAL DISORDER	YES () NO ()	YES () NO ()	YES () NO ()
F) OCD LESIONS	YES () NO ()	YES () NO ()	YES () NO ()
G) EPM	YES () NO ()	YES () NO ()	YES () NO ()
H) NAVICULAR DISEASE	YES () NO ()	YES () NO ()	YES () NO ()

(2) Has the aforementioned animal(s) suffered from any other injury, illness, disease or undergone any surgery?
YES () NO () YES () NO () YES () NO ()

(3) Has there been any evidence of contagious or infectious disease where the animal(s) is/are boarded?
YES () NO () YES () NO () YES () NO ()

(4) Has the above listed animal(s) been castrated, fired, blistered, de-nerved, operated on or received treatment for lameness?
YES () NO () YES () NO () YES () NO ()

(5) Has the above listed animal(s) received any medication on a short term or long term basis?
YES () NO () YES () NO () YES () NO ()

(6) Does the animal(s) have any vices, objectionable habits or faulty conformation that could affect its ability to be used for the purpose described herein?
YES () NO () YES () NO () YES () NO ()

(7) If "yes" to any question from (1) to (6), has animal(s) fully recovered?
YES () NO () YES () NO () YES () NO ()

FURNISH DETAILS INCLUDING DATE OF INJURY/ILLNESS:

**NOTE: THE INSURANCE
COMPANY RESERVES
THE RIGHT TO EXCLUDE
COVERAGE FOR A MEDICAL
CONDITION WHICH PRE-
EXISTS THE INCEPTION
DATE OF THE POLICY.**

STATEMENT OF CONDITION

I declare to the best of my knowledge and belief that the animal(s) listed on the above-schedule are in normal, healthy, sound, condition. I further declare that during the past twelve months, the above listed animal(s) have been free from any **ILLNESS, INJURY, DISEASE, OR ACCIDENT**. I understand and agree that this certificate shall be the basis of the insurance contract, and if anything is falsely stated or if information is withheld to influence the company's decision to bind coverage, the insurance contract will be null and void. Any exceptions must be noted _____.

Immediate notice must be given of ALL illness, disease, lameness, injury, death, accident or elective or emergency veterinary treatment involving any animal insured under this policy. Notice may be given by you, your representative or other person having care, custody and control of such animal.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

DATE SIGNED

PRINT NAME

SIGNATURE OF INSURED