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189 Johnny Cake Hollow Rd.
P.O. Box 90
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DECLARATION OF HEALTH

TO BE COMPLETED BY THE OWNER OR PERSON HAVING CARE, CUSTODY and CONTROL OF THE ANIMAL

Name of horse (or Sire/Dam)	Age	Sex	Breed	Use
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Owner Name	Telephone Number	Location horse is boarded/trained (farm name and address)
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Please answer the following questions to the best of your knowledge and ability by checking the appropriate box, if you need more space to answer please use the back of this form.

Has the above animal suffered from colic or other intestinal or digestive disorder? Yes () No ()

Has the above animal suffered from any injury, illness or disease or undergone any surgery at any time? Yes () No ()
(including castration if within the last 12 months)

Has there been evidence of contagious or infectious disease during the past 12 months where animal is kept? Yes () No ()

Has the animal been castrated, fired, blistered, de-nerved or received treatment for lameness, fracture, tendon or ligament injury? Yes () No ()

Has the horse ever suffered from melanomas, sarcoids, warts or any other type of growth? Yes () No ()

Has the animal been examined by a veterinarian other than for normal routine maintenance? Yes () No ()

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE PROVIDE FULL DETAILS INCLUDING DATE OF INJURY/ILLNESS:

If "yes" to any of the above, please indicate if the animal has fully recovered? Yes () No ()

If mare, is horse in foal? Yes () No () If yes, give name of covering stallion _____

Is the above animal normal in conformation, eyes, heart, wind, and action and represents a normal risk for mortality insurance? 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 could materially affect this insurance has been knowingly withheld.

Signature	<input type="checkbox"/> Insured <input type="checkbox"/> Trainer <input type="checkbox"/> Manager (please check one)	Date
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Printed Name

Note: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false, misleading or deceptive statements is guilty of insurance fraud.