## CANADA - STATEMENT OF HEALTH Species Other than Horses and Cattle



		HAKHOKD
Producer's Name	Applicant's Name	
Agency Code	Mail Address	
Mail Address	City, Prov, Post	
City, Prov, Post	Phone	
Phone	Fax	
Fax	E-Mail Address	
E-mail Address		

This Statement forms part of the Animal Mortality Application for Animals Other than Horses and Cattle.  (To be completed by the applicant.)											
Animal Name		Date of Birth	<u>Date of Purchase</u> <u>Purchase Price</u> (or stud fee if raised) <u>Reque</u>				Requested	uested Limit of Insurance			
Identification (Sire/Dam, Registration#, Tattoo#, or Pictures		Pictures if unregistered)	Sex (Male, Female or Neutered) Species		<u> </u>	Breed	<u>Use</u>				
1.	Is the animal currently free of lameness and healthy without the use of drugs?  If No, Please give details.								□No		
Has the animal been examined or treated by a veterinarian for any accident, injury, sickness, disease, lameness, or other than routine care within the last 12 months?								\BYes	□No		
3.	. Has the animal undergone any diagnostics, x-rays or ultrasounds, within the last 12 months?							\BYes	□No		
4.	Does the animal have any past co	onformational pro	blems or defects, ill	ness	or injury or physica	l disab	ility?	\BYes	□No		
5.	Other than routine care, is the ani	mal listed receivi	ing regular medicati	on or	supplements?			\_Yes	□No		
6.	Is the animal due to give birth any If Yes, please give: Estimated Birthing Date:							TYes	□No		
7.	Has the animal ever experienced	any birthing diffic	culties?						□No		
If "Y	es" to any of the above, please	give Details.									
	clare the above statements are	true and compl	ete, and that no m	nateri	al information wa	s with	held.				
App	olicant's Signature				Date: (Must b	e no more	e than 30 days pri	or to policy effec	ctive date)		