

# STATEMENT OF HEALTH

## Species Other than Horses and Cattle



Producer's Name _____ Agency Code _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ 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.)**

<u>Animal Name</u>	<u>Date of Birth</u>	<u>Date of Purchase</u>	<u>Purchase Price</u> (or stud fee if raised)	<u>Requested Limit of Insurance</u>
<u>Identification</u> (Sire/Dam, Registration#, Tattoo#, or Pictures if unregistered)	<u>Sex</u> (Male, Female or Neutered)	<u>Species</u>	<u>Breed</u>	<u>Use</u>

1. Is the animal currently free of lameness and healthy without the use of drugs? .....  Yes  No  
If No, Please give details. \_\_\_\_\_  
\_\_\_\_\_
  
2. 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? .....  Yes  No
3. Has the animal undergone any diagnostics, x-rays or ultrasounds, within the last 12 months? .....  Yes  No
4. Does the animal have any past conformational problems or defects, illness or injury or physical disability? .....  Yes  No
5. Other than routine care, is the animal listed receiving regular medication or supplements? .....  Yes  No
6. Is the animal due to give birth any time during the requested policy period? .....  Yes  No  
If Yes, please give:  
Estimated Birthing Date: \_\_\_\_\_; Number of Previous Offspring: \_\_\_\_\_; Stud fee (if applicable): \_\_\_\_\_
7. Has the animal ever experienced any birthing difficulties? .....  Yes  No

If "Yes" to any of the above, please give Details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare the above statements are true and complete, and that no material information was withheld.

Applicant's Signature _____	Date: (Must be no more than 30 days prior to policy effective date) _____
-----------------------------	---