

**CANADIAN FARM INSURANCE**  
**SUITE #303, 13220 ST ALBERT TRAIL**  
**EDMONTON, ALBERTA, T5L-4W1**  
**FAX 780-732-3607**  
**LIVESTOCK PROOF OF LOSS AND RELEASE**

INSURED'S NAME \_\_\_\_\_ CLAIM # \_\_\_\_\_ POLICY NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ AMOUNT INSURED \_\_\_\_\_  
NAME OF ANIMAL \_\_\_\_\_ SEX \_\_\_\_\_  
BREED \_\_\_\_\_ USE: \_\_\_\_\_ REG #/  
TATTOO \_\_\_\_\_  
DATE PURCHASED \_\_\_\_\_ PURCHASE PRICE \_\_\_\_\_ HOW ACQUIRED \_\_\_\_\_

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GIVE EXACT CIRCUMSTANCES OF LOSS AND CAUSE OF SAME (if destroyed so state and whether it was necessary or humane reasons)

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When did you discover animal was sick/injured or dead? DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

When was the Insurance Company notified of sickness/injury or death? DATE: \_\_\_\_\_

Date and time Veterinarian was first called \_\_\_\_\_ When did Vet arrive? \_\_\_\_\_

Veterinarian's name & address \_\_\_\_\_ Telephone # \_\_\_\_\_

When did the animal die? \_\_\_\_\_ Where? \_\_\_\_\_

Had this animal undergone any surgical operation or medical treatment of any kind during the term of the policy? If so, explain fully and give name and address of attending Veterinarian \_\_\_\_\_

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Were you the sole owner? \_\_\_\_\_ If not, give particulars \_\_\_\_\_

How many other animals of this class did you own when this animal died? \_\_\_\_\_ How many died in the past year? \_\_\_\_\_

State details of any other insurance on this animal at the time of its death, together with Policy details and amount of insurance

I/We \_\_\_\_\_ do solemnly declare that I/We have full knowledge of the facts herein deposed and that the foregoing claims and settlement are true in every particular and that I/We have withheld no information with reference to this claim.  
IN CONSIDERATION OF THE PAYMENT  
OF

	<b>INS. FOR</b>	_____
<b>DEDUCTIBLE TO APPLY</b>		_____
	<b>SALVAGE</b>	_____
<b>TOTAL</b>	<b>CLAIM</b>	_____

WHICH AMOUNT IS DIRECTED BY THE UNDERSIGNED TO BE PAID TO \_\_\_\_\_  
I/WE HEREBY FOREVER RELEASE, WAIVE AND DISCHARGE UNDERWRITERS AND THEIR AGENTS, ADJUSTERS OR BROKERS. IT IS UNDERSTOOD THAT THE TERMS OF THIS SETTLEMENT ARE FULLY UNDERSTOOD; THAT THE FINAL AMOUNT STATED HEREIN IS THE SOLE CONSIDERATION AND THAT THE SUM IS VOLUNTARILY ACCEPTED FOR THE SOLE PURPOSE OF MAKING A FULL AND FINAL COMPROMISE, ADJUSTMENT AND SETTLEMENT OF THE CLAIM UNDER POLICY NO. \_\_\_\_\_

It is expressly understood and agreed that the furnishing of this blank release to the Insured or the assistance of any adjuster or any agent or broker of the Insurer in the making of this proof, is not a waiver of any rights of said Insurer or of any condition of this Policy.

WITNESS MY HAND AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2008

TOWN/CITY

DATE

MONTH

WITNESSED BY \_\_\_\_\_

**X**  
\_\_\_\_\_  
SIGNATURE OF INSURED

WITNESSED BY \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CO-INSURED