

DOG DECLARATION OF HEALTH

(To be signed by the owner or person responsible for the dog/s)



INSURED'S NAME: _____

ADDRESS: _____

1. Have the dog/s been imported in to your country in the last 12 months
YES/NO (if yes please give full details)

2. Have the dog/s specified suffered from any sickness, illness or disease in the last 12 months?
YES / NO (If yes, please give details/dates and confirm whether the deer has made a complete recovery)

3. Have the specified dog/s undergone any surgery?
YES / NO (If yes, please give details/dates and confirm whether the deer has made a full recovery)

4. Has there been any evidence of contagious or infectious disease at the location where the dog/s are kept?
YES / NO (If yes, please give details/dates and confirm if the location is now free from the disease)

5. Has the proposed Insured ever experienced any losses/claims and/or thefts insured or not insured?
YES / NO (If yes, please give details/dates)

6. Has the proposed Insured ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson or drugs, or is any prosecution pending against them?
YES / NO If yes, please give details/dates

SIGNED: _____ DATE: _____

OWNER/AGENT

Declaration

I declare that to the best of my acknowledge and belief all of the above statements made by me are true. I hereby consent to any information you may have about me being processed by you for the purposes of providing insurance, and claims handling, which may necessitate providing such information to third parties.

SIGNED: _____ PRINTED NAME: _____

DATE: _____

	NAME	MICROCHIP NUMBER	BREED	SEX	DATE OF BIRTH
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

SIGNATURE: _____

NAME (Printed): _____

DATE: _____