



#205, 101 Riel Drive  
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AGENT: \_\_\_\_\_

# EQUINE DECLARATION OF HEALTH

**TO BE COMPLETED AND SIGNED BY THE OWNER OR PERSON RESPONSIBLE FOR THE HORSE**

Name Of Horse: \_\_\_\_\_ Identification: \_\_\_\_\_ Sex: \_\_\_\_\_  
Sire: \_\_\_\_\_ Dam: \_\_\_\_\_  
Year Of Birth: \_\_\_\_\_ Purchase Date: \_\_\_\_\_ Use/Level: \_\_\_\_\_  
Owner: \_\_\_\_\_ Sum Insured: \_\_\_\_\_

**Please answer the following questions to the best of your knowledge and ability by ticking the appropriate box, if you need more space to answer please use the back of this form.**

- 1) Has the above horse to your knowledge ever suffered from any form of colic or other intestinal or digestive disorder?  
If YES give details including recovery status: ..... YES  NO
- 2) Has the above horse to your knowledge undergone any surgery (including castration if within the last twelve months)?  
If YES give details including recovery status: ..... YES  NO
- 3) Has the above horse to your knowledge ever suffered from any lameness, fractures, tendon or ligament injury?  
If YES give details including recovery status: ..... YES  NO
- 4) Has the above horse to your knowledge ever suffered from melanomas, sarcoids, warts or any other type of growth?  
If YES give details including current status: ..... YES  NO
- 5) Has the above horse to your knowledge ever had any other accident, illness or disease other than those mentioned in Questions 1, 2, 3 or 4 above?  
If YES give details including current status: ..... YES  NO
- 6) Has there to your knowledge been any evidence of contagious or infectious disease during the past twelve months in the location where the horse is kept?  
If YES give details including recovery status: ..... YES  NO
- 7) During the last twelve months has the above horse received attention from any Veterinary Surgeon, Physiotherapist, Chiropractor, Acupuncturist or Homeopathist for any reason other than routine vaccination or obstetric work, or received any other form of treatment for remedial purposes including farriery. Has the horse received steroidal, non-steroidal, anti-inflammatory or analgesic medication?  
If YES give details including recovery status: ..... YES  NO
- 8) To the best of your knowledge is the above horse at present normal in conformation, eyes, heart, wind and action and in good health and does it therefore in your opinion represent a normal risk for the proposed insurance?  
If NO give details: ..... NO  YES
- 9) Please provide details of competitions attended and results along with any training cost within the last 12 months.  
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**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.**

SIGNED ..... (\*Owner/Other -please specify below) DATE .....  
NAME (please print) .....

**N.B. THE INFORMATION IN THIS DECLARATION FORMS THE BASIS OF THE INSURANCE CONTRACT AND INCORRECT ANSWERS COULD INVALIDATE THE POLICY**