

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Policy number if applicable: \_\_\_\_\_

Our Records indicate this horse has been treated for an injury, illness, or disease during the policy year. For underwriting purposes please be as specific as possible when completing the information requested below.

A veterinarian narrative or report may also be included with this form.

### Animal Information

Name of Animal: \_\_\_\_\_

Use: \_\_\_\_\_

Condition Reported: \_\_\_\_\_

Onset date of Condition: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date (s) and treatment (s) required / provided: \_\_\_\_\_

### Current Status

How / when was the condition resolved? \_\_\_\_\_

Is this horse back in full work / competition?      Yes:       No:

Does this horse currently receive / require any medications/ supplements to Prevent reoccurrence?      Yes:       No:

If yes, please provide type and frequency: \_\_\_\_\_

Additional details / comments: \_\_\_\_\_

I declare to the best of my knowledge and belief that the animal listed above has been in normal, healthy condition and has not suffered any colic and/or digestive disorder since last colic noted above.

Signature of Insured \_\_\_\_\_

Date \_\_\_\_\_