

Health Condition Information Form

One Railroad Ave., 2-1 Goshen, NY 10924 Tel. No. (845) 782-9110 or (877) 342-7637 Fax No. (845) 782-9103

E mail: sara@cunninghamlivestock.com

Address: Name of Horse: Horse's Exact Use: Level: 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 providing the below information. A veterinarian narrative or report may also be included with this form. Please address each health issue with as much detail as possible. Onset Date of condition: Diagnosis: Treatment(s) and dates: Current status: How condition resolved and when: List the horse returned to full work? If yes, provide date. If no, provide expected schedule and/or prognosis for return to prior activity level: Is the horse back to showing/competition? If yes, provide current show/competition record: Is the horse currently receive any medications / supplements / treatments to prevent reoccurrence? If yes, explain and provide frequency: Additional information or comments: DECLARATION I understand and agree that the policy to be issued shall be founded, in part, upon the statements contained herein and prior policy information and this statement shall be the basis of the contact and if anything by falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.	Name of Insured:	Home Telephone:	
Name of Horse: Fax Telephone: Fax Telephone:	Address:		
Horse's Exact Use: Fastety Email:	Name of Horse:	•	
Level:	Horse's Exact Use	Fax Telephone:	
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χ Date:	X	Date:	
Signature of owner (s) of above named animal	Signature of owner (s) of above named animal		