



P.O. Box 1434  
San Antonio, Texas 78295  
210-271-9834  
210-271-9838 -- Fax  
1-800-990-9880 - W.B.  
1-800-805-9881 - Melissa

## HEALTH CERTIFICATE

To be completed by the **INSURED** only, not by a veterinarian. This is not a veterinary certificate.

Name & Address of Insured:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Renewal of \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Effective Date \_\_\_\_\_

This form to be used for renewals with values up to \$50,000 Thru 15 years of age.

Item No.	Name	Breed	Age	Sex	Use	Amount Insured	Rate

Has the above horse suffered from colic or any other related illnesses at anytime to the best of your knowledge? \_\_\_\_\_  
If yes, give details \_\_\_\_\_

Has the above horse suffered from any accident, illness or disease or undergone surgery at any time to the best of your knowledge?

If yes, give details \_\_\_\_\_

Has there been any evidence of contagious or infectious disease during the past twelve months at the stable/farm where the horse is kept?

If yes, give details \_\_\_\_\_

Has the above horse been fired, blistered, operated on or received treatment for lameness (other than sore shins) at any time to the best of your knowledge or does the horse have faulty conformation? \_\_\_\_\_

If yes, give details \_\_\_\_\_

Has the above horse suffered at anytime from melanomas, sarcoids, warts or any other type of growth? \_\_\_\_\_

If yes, give details \_\_\_\_\_

Is the above horse at present normal in eye, wind and action to the best of your knowledge and does it in your opinion represent a normal risk for the insurance that is being proposed? \_\_\_\_\_

If NO give details \_\_\_\_\_

I hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which would materially effect this insurance has been withheld.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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