



Insurance Agency LLP
AlbrachtInsurance.com
 P.O. Box 999
 Springtown, Texas 76082

STATEMENT OF HEALTH FORM

Examination by veterinarian not required
 Toll free: 800-227-8808
 Fax: 817-523-4258

Name of Horse: _____ Age/Breed/Sex/Use: _____

Name of Insured: _____ How long have you owned horse? _____

Mailing address: _____ Phone: _____

Please answer the following: **Yes** **No** Email: _____

If female, is she in foal? _____ Estimated Foaling Date: _____

Has horse been castrated? _____

If male, are both testicles visible? _____

If any of the following are answered "no" please explain below.

Pulse/respiration normal? _____

Temperature normal? _____

Is stabling adequate? _____

Is the horse currently free of lameness and healthy, without the use of drugs, for the use intended? **Yes** **No**

IF ANY OF THE FOLLOWING ARE ANSWERED "YES" PLEASE EXPLAIN BELOW.

Does the horse have any past conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders e.g. EPM, navicular disease and/or degenerative joint disease? _____

Has the horse had any colic, impaction, colic surgery or intestinal disorders within the last 36 months? _____

Has the animal suffered any illness or injury in the last 12 months? _____

Has the been nerved or received any surgical treatment for lameness? _____

Has any type of surgery been performed? _____

Has the horse undergone diagnostic ultrasound, bone scan or x-rays within the last 36 months? _____

Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 24 months? _____

Is the horse currently on any type of medication? _____

If other than gelding, are there any symptoms detrimental to satisfactory breeding? _____

Does the horse have any vicious habits? _____

Are there any contagious diseases on the premises? _____

Are there any other medical facts that you feel should be brought to the attention of the company? _____

Has the horse been tested for HYPP? Yes: _____ No: _____ Results: NN _____ NH _____ HH _____

Appaloosas, Paints, and Quarter Horses are required to be tested if a progeny of the Impressive lineage; if sire or dam is NH or HH; or if animals registration papers indicate NH or HH.

Please provide any required explanations: _____

I understand and agree that the policy to be issued shall be founded upon this representation of owner contained herein. Prior policy information and this representation of owner shall be the basis of the contract and if anything be falsely state, or information withheld to influence the Company's decision the insurance shall be null and void.

Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

Signature of owner: _____

Date: _____
 (Date may not be more than 30 days prior to policy effective date)