KAPLOW
INSURANCE AGENCY

1-800-823-0201 914-238-4043(FAX)

Statement of Health

Insured _____

Address _____

	Name	Sex*	Breed or Class	Color	Age	Amount	Use
1)							
2)							
3)							
4)							

*Mare-M: Stallion-S: Gelding-G: Filly-F: Colt-

To order your new/renewal coverage, kindly sign and date this certificate, after reading the State of condition carefully. This certificate MUST be returned before expiration date of this policy or a new veterinary certificate will be required. Do not sign and return earlier than 30 days before expiration date.

	Horse#1	Horse#2	Horse #	Horse#4
1) Is the horse currently sound and healthy for use intended?	Yes ( ) No ( )	Yes ( ) No ( )	Yes ( ) No ( )	Yes( ) No( )
2) Does the horse have any conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease and/or Degenerative disease?	Horse#1 Yes ( ) No ( )	Horse#2 Yes ( ) No ( )	Horse #3 Yes ( ) No ( )	Horse #4 Yes( ) No ( )
3) Has the horse had any colic or intestinal disorder within the last 24 months and if a surgical correction was made, was there a resection?	Horse#1 Yes ( ) No ( )	Horse#2 Yes ( ) No ( )	Horse #3 Yes ( ) No ( )	Horse #4 Yes ( ) No ( )
4) Has the horse been nerved or received any surgical treatment for lameness?	Horse#1 Yes ( ) No ( )	Horse#2 Yes ( ) No ( )	Horse #3 Yes ( ) No ( )	Horse#4 Yes ( ) No ( )
5) Has the horse been examined or treated by a veterinarian for other than routine care within the past year?	Horse#1 Yes ( ) No ( )	Horse#2 Yes ( ) No ( )	Horse #3 Yes ( ) No ( )	Horse#4 Yes ( ) No ( )
6) Has the horse undergone diagnostic ultrasound or x-rays within the last 36 months?	Horse#1 Yes ( ) No ( )	Horse#2 Yes ( ) No ( )	Horse #3 Yes ( ) No ( )	Horse#4 Yes ( ) No ( )
7) Has the horse received any joint injections, any type or medication long or short term, or preventative treatments in the last 12 months?	Horse#1 Yes ( ) No ( )	Horse#2 Yes ( ) No ( )	Horse #3 Yes ( ) No ( )	Horse#4 Yes ( ) No ( )
8) For all Quarter Horses, Appaloosas or Paints. Does the horse have an ancestor know to carry HYPP? If "yes" please indicate the HYPP Status. (circle one) If your horse is N/H, please indicate on the line below if the horse is symptomatic or non-symptomatic.	Horse#1 Yes ( ) No ( ) N/N N/H H/H	Horse#2 Yes ( ) No ( ) N/N N/H H/H	Horse #3 Yes ( ) No ( ) N/N N/H H/H	Horse#4 Yes ( ) No ( ) N/N N/H H/H

9) If "yes" was answered to any question 2 through 7, please provide details below.

I declare to the best of my knowledge and belief the animal(s) listed n the above schedule to be in normal healthy sound condition. I further declare that during the past policy year the above listed animal(s) have been free from any ILLNESS, INJURY, DISEASE, OR ACCIDENT. I understand and agree that this renewal certificate shall be the basis of the insurance contract and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void._

_____ _____

Signature (INSURED) Date

(Date signed must be no more than 30 days prior to policy effective date)