



5700 Smith Avenue
Baltimore, Maryland 21209-3610

THE HOFFBERGER INSURANCE GROUP

TELEPHONE
Office: 410-542-3300
Fax: 410-542-3399
Outside Maryland: 1-800-547-5501

DECLARATION OF HEALTH

TO BE SIGNED BY THE OWNER OR PERSON RESPONSIBLE FOR THE HORSE(S)

Please complete & return this form immediately

NAME:

SEX:

SIRE:

DAM:

DATE OF BIRTH:

USE:

**OWNER:
ADDRESS
PHONE**

SUM INSURED:

1. Has the above animal(s) suffered from colic or any other colic related illnesses? **YES / NO**
If **YES**, please give dates & details: _____
2. Has the above animal(s) suffered from any other illness, disease, or undergone surgery? **YES / NO**
If **YES**, please give dates & details: _____
3. Has there been any evidence of contagious or infectious disease at the stable/stud farm where the animal(s) is/are kept? **YES / NO**
If **YES**, please give dates & details: _____
4. Have the animal(s) been fired, blistered, nerved, operated on, suffered tendon problems or received treatment for lameness at any time, or do the animal(s) have faulty conformation? **YES / NO**
If **YES**, please give dates & details: _____

Have the animal(s) made a complete recovery? **YES / NO**
If **NO**, please give dates & details: _____
5. Are the above animal(s) normal in eye wind & action to the best of your knowledge? **YES / NO**
If **NO**, please give dates & details: _____
6. How long has this/these horse(s) been in your care/possession? **YEARS:** _____ **MONTHS:** _____

SIGNED: _____ **DATE:** _____

OWNER/AGENT/TRAINER/OTHER: _____ **(position)**