ANTHONY CECIL INSURANCE INC
2365 HARRODSBURG RD STE B220
LEXINGTON KY 40504
TEL: (859) 231-6455   FAX: (859) 231-6555

STATEMENT OF HEALTH

Insured's Name _____   **Desired Effective Date** _____

Insured's Address _____

Horse # 1 – Name _____

	Age	Color	Sex	Breed

Sire _____   Dam _____
Exact Use _____

Horse # 2 - Name _____

	Age	Color	Sex	Breed

Sire _____   Dam _____
Exact Use _____

	Horse #1	Horse #2
1. Is the horse currently free of lameness and healthy, without the use of drugs, for the use intended?	☐ Yes ☐ No	☐ Yes ☐ No
2. 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, tendon or ligament injury, navicular disease and/or degenerative joint disease.	☐ Yes ☐ No	☐ Yes ☐ No
3. Has the horse had any colic, impaction, colic surgery or intestinal disorder within the past 3 years?	☐ Yes ☐ No	☐ Yes ☐ No
4. Has the horse been nerved, undergone diagnostic ultrasound or X-rays or received surgical treatment for lameness?	☐ Yes ☐ No	☐ Yes ☐ No
5. Has the horse received any joint injections, any type of medication (long or short term) or any preventative treatments in the last 24 months?	☐ Yes ☐ No	☐ Yes ☐ No
6. Has the horse been examined or treated by a veterinarian for other than routine care within the past 12 months?	☐ Yes ☐ No	☐ Yes ☐ No
7. Has the horse ever suffered from melanomas, sarcoids or any other type of growth?	☐ Yes ☐ No	☐ Yes ☐ No
8. If mare, is she in foal?	☐ Yes ☐ No	☐ Yes ☐ No

If yes, give last service date and covering stallion name:
Horse # 1 _____   Horse #2 _____

	Horse #1	Horse #2
9. Has horse been vaccinated against West Nile Virus?	☐ Yes ☐ No	☐ Yes ☐ No
10. For all Quarter Horses, Appaloosas or Paints – Does the horse have an ancestor known to carry HYPP? If "yes", indicate HYPP status (circle one)	☐ Yes ☐ No N/N N/H H/H	☐ Yes ☐ No N/N N/H H/H
11. How long have you owned the horse?	_____	_____

If "yes" was answered to any question(s) 2 through 7 above, please provide details below.
Include onset date, diagnosis, treatment, how condition was resolved and when horse returned to full work.

_____

_____

_____

I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted or misrepresented statement voids any policy of insurance issued on the basis of these statements.

Signature: _____   **Date:** _____