



## **TRAINERS DECLARATION**

### **In respect of Stallion First Season Congenital Infertility Insurance**

Name Of Horse \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_ DOB \_\_\_\_\_

**This declaration forms part of a proposal for Stallion First Season Sub-Fertility Insurance and its accuracy will be relied upon by Underwriters in their assessment of the risk.**

I hereby state to the best of my knowledge and belief that the above horse:-

- a) Has shown no stable vices.  
If yes, please specify
- b) Has no history of colic or abdominal disorder.  
If yes, please specify
- c) Has not received androgenic or anabolic steroids.  
If yes, please specify
- d) Has not been semen tested or test bred.  
If yes, please specify
- e) Has not received any anti-ulcer medication.  
If yes, please specify
- f) Has not received drugs other than routine wormers and flu vaccinations.  
If yes, please specify
- g) Has not suffered from a febrile disease (high rectal temperature/fever) during the last 12 months.  
If yes, please specify details including the name of the treating veterinary surgeon.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date