



A.I.S. Insurance Brokers Pty Ltd
 ACN 065 797 597
 ABN 36 543 825 719
 AFS Licence No. 255304

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HEALTH DECLARATION & VETERINARY CERTIFICATE – CATEGORY A

Page 1 to be completed by the Insured

| | | | |
|---|--------|--|---------|
| Name of Insured: | | Policy Number: | |
| Name of Horse: | | The horse is: <input type="checkbox"/> Spelling <input type="checkbox"/> In light work <input type="checkbox"/> In full work | |
| Colour: | Breed: | <input type="checkbox"/> Filly/Mare <input type="checkbox"/> Colt/Stallion <input type="checkbox"/> Gelding | Height: |
| Microchip Number: | | Date of Birth: | |
| Use(s) of Horse: | | | |
| To your knowledge, has this horse been administered any medication within the last 45 days? If yes, provide full details: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is the horse sound and healthy, free from vice, and well cared for in every respect? If no, provide full details: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| During the last 12 months, has the horse: | | | |
| a) had any surgery / veterinary treatment / x-rays taken? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b) suffered from any illness or injury? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes to either, provide full details: | | | |
| Clients please note: | | | |
| <ul style="list-style-type: none"> ➤ No Insurance is in force until this Health Declaration & Veterinary Certificate has been accepted by the underwriter. ➤ Veterinary Certificates will be required annually, at your cost, in the following instances (unless advised): <ul style="list-style-type: none"> ▪ the horse is 12 years of age or over when cover commences ▪ foals under 6 months of age ▪ the horse is insured for more than \$25,000 ▪ the horse is to be used for Polo / Polocrosse / Endurance ▪ Loss of Use (Restricted, Breeding and/or Cosmetic) is required* <p style="text-align: center; font-size: small;">*additional examinations required as detailed below</p> | | | |
| ***Veterinary Certificates are to be returned to A.I.S. Insurance Brokers no later than 14 days after the examination date*** | | | |
| CONDITIONS FOR RESTRICTED LOSS OF USE EXAMINATIONS | | | |
| i) Up to \$25,000 sum insured: Inception & Renewal Requirements: Veterinary Certificate including Flexion and Hoof Tests of all four limbs | | | |
| ii) \$25,001 to \$50,000 sum insured: Inception Requirements: Veterinary Certificate and X-Rays of all four limbs Renewal Requirements: Veterinary Certificate including Flexion and Hoof test of all four limbs If lapse in cover (exceeding 2 weeks) then revert to Inception Requirements to reinstate policy | | | |
| iii) \$50,001 to \$100,000 sum insured: Inception & Renewal Requirements: Veterinary Certificate and X-Rays of all four limbs | | | |

INSURED'S DECLARATION:

I/We do hereby agree-

1. the answers contained in this Declaration and Veterinary Certificate are in every respect true and correct, and I/We have not withheld any material information likely to effect the acceptance of the Declaration and Veterinary Certificate.
2. to exercise all reasonable precaution for the safety of the horse(s) to be insured.
3. to accept renewal of the insurance subject to the terms, exclusions, conditions and limitations of the Company's Policy.

Insured's Signature: _____ **Date:** _____



Pages 2 & 3 to be completed by the examining Veterinarian

Veterinarians please note:

- Please ensure you complete the Mandatory Questions and any Optional Extensions selected by the client.
- It is required that in **every case** the animal:-
 - Should be examined outside the stall and made to move about, to demonstrate soundness of limb and freedom of action.
 - Should be clinically examined with a view to the purpose for which it is used.
 - That careful observation and enquiry should be made as to housing conditions and presence of contagious diseases.

Please confirm the identification/dentition etc. is consistent with details noted on page 1 of this Certificate: Yes No
 If no, give full details:

Place of examination:

Does your practice normally attend this property? Never Occasionally Regularly

Has your practice previously attended this horse? Never Occasionally Regularly

**MANDATORY QUESTIONS
 MORTALITY INSURANCE EXAMINATION**

| | | | |
|---|--|---|--|
| Pulse normal? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any indication of infection or disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Respiration normal? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any physical evidence of laminitis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vice/s? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any lameness at walk or trot? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Temperature normal? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any lameness when lunged both reins? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart auscultated and found normal? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there evidence of ataxia? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Eyes clinically normal? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hooves in good condition/maintained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Skin conditions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there any evidence/knowledge of | |
| If a mare, is she reported to be in foal? | <input type="checkbox"/> Yes <input type="checkbox"/> No | previous abdominal surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

➤ If yes, date due to foal: _____

Findings: _____

OPTIONAL EXTENSIONS

RESTRICTED LOSS OF USE EXAMINATION*

** Please review conditions on page 1*

Hoof Tests: LF _____ RF _____ LH _____ RH _____

Flexion Tests: LF _____ RF _____ LH _____ RH _____

Findings: _____

X-Rays Findings:



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BREEDING LOSS OF USE EXAMINATION (STALLIONS / COLTS)

Are the both testes visible and palpable? Yes No

Findings: _____

COSMETIC LOSS OF USE EXAMINATION

Scars Yes No
 Windgalls Yes No

Splints Yes No
 Other Yes No

Please give your opinion below as to the significance of any abnormalities mentioned above (add additional sheets if needed):

I have today performed a clinical examination on this horse in accordance with Industry and Professional Standards and declare that, to the best of my professional knowledge, the horse is clinically normal and in a satisfactory condition, except where noted.

| | |
|-------------------------|-----------------|
| Signature: | Date: |
| Name: | Contact Number: |
| Practice Stamp/Address: | AVA Number: |
| | VPB Number: |

MINIMUM X-RAY REQUIREMENTS

1. The radiographs must be of good radiographic quality and submitted in DICOM format. Radiographs will be rejected if
 - (1) the correct requirements are not met
 - (2) the quality of the radiographs does not enable a proper assessment of the risk by insurers' veterinary advisers.
2. The radiographs must be clearly identifiable with the name of the horse and the date the view is taken.
Radiographs must be taken within one month of the application date.
3. The following views are our minimum requirements:
 - (a) **BOTH FRONT FEET (UNSHOD)**
 - (i) Lateral view (LM) of the foot.
 - (ii) Dorsopalmar oblique view (D60°Pa) of the navicular bone.
 - (iii) Palmaroproximal-palmarodistal oblique view of the navicular bone (PaPr-PaDio) flexor surface.
 - (iv) Dorsopalmar oblique view (D45°Pa) of the pedal bone.
 - (b) **BOTH HOCKS**
 - (i) Lateral view of the hock (LM)
 - (ii) Dorsolateral-plantaromedial oblique view of the hock (D45°L-PIMO)
 - (iii) Dorso-plantar view of the hock (D-Pl)
 - (iv) Plantarolateral dorsomedial oblique view of the hock (Pl45°L-DMO)
 - (c) **FRONT AND HIND FETLOCKS**
 - (i) Lateral view of fetlock (LM)
 - (ii) Dorsolateral palmaro/plantaromedial oblique view of fetlock to highlight sesamoid (DLPaMO)
 - (iii) Dorsomedial palmarolateral oblique view of fetlock to highlight sesamoid (DLPa/PIMO)
 - (iv) Dorso-palmar/plantar view
 - (d) **STIFLES**
 - (i) Caudo-cranial view and
 - (ii) Latero-medial view

or

 - caudocranial 60° oblique to include femoral condylar ridges and distal medial condyle.
 - (e) **ANY FURTHER VIEWS** that the applicant's veterinary surgeon thinks are appropriate in the light of the clinical examination.