

**CLAIM/INVESTIGATION FORM
FOR MAJOR MEDICAL/SURGICAL CLAIMS REPORT**

Section A to be completed by the Insured **Section B** to be completed by the attending Veterinary Surgeon

THIS IS TIME SENSITIVE INFORMATION – PLEASE RUSH

ALL COSTS IN RESPECT OF THE ABOVE TO BE BORNE BY THE INSURED

Name of Insured: _____ Customer Code: _____

Address of Insured: _____

Home Phone #: _____ Business/Cell Phone #: _____

Fax #: _____

Name of Equine (Horse): _____

Breed: _____ Sex: _____ Age: _____ Use: _____

a) Have you claimed for vet's fees for this equine in the past? Yes/No If "yes", please give details (including date and reason for claim):

b) Please give specific details of the equine condition for which you are now turning in a claim.

c) Give the specific date of when this problem first occurred:

d) What is the name of your usual veterinarian? _____ Phone Number? _____

e) When did you contact the veterinarian?
_____ Please give date

f) Have other veterinarians or therapists treated this horse within the last year? Yes/No If "yes", please list their name(s):

Please attach all veterinary invoices after they are initialed/signed by yourself showing the items you are claiming and then forward this claims report to your Veterinarian.

I hereby declare that to the best of my knowledge all details on this form are accurate and truthful.

Signature of Insured

Date

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

SECTION B TO BE COMPLETED BY THE ATTENDING LICENSED VETERINARIAN AFTER SECTION A HAS BEEN COMPLETED BY INSURED

CLAIM FOR VETERINARY FEES

Name of Horse Owner: _____

Name of Horse: _____

a) To the best of your knowledge are the details given in Section A correct and do the attached invoices relate only to the insured equine and the condition claimed for? If "no", please give details: _____

b) Please give the date of the first visit for the symptoms being claimed by the insured: _____

c) Please give the dates of all other related visits and treatment: _____

d) Please give full details of the equine's ailment and condition together with prognosis: _____

e) Is it a hereditary or congenital problem? Yes/No _____

f) When did the condition start? If an old condition please give approximate date of previous occurrence: _____

g) Please state the date and type of treatment given including x-rays, test, etc.: _____

h) Are the prescribed medications labeled for the specified illness/condition? Yes/No _____

i) Is the dosage(s) and route(s) of administration of the prescribed medication(s) in accordance with the labeled recommendations? Yes/No If not, explain: _____

j) i. Will further treatment or tests need to be carried out for this condition? If so, please give details: _____

ii. Has surgery been performed or will surgery be required in the future? If so, please give details: _____

k) What is the likelihood of a recurrence of this condition? _____

l) What is the likelihood that this condition (or injury) will lead to a loss of use or mortality claim? _____

m) Prognosis: Good Guarded Poor _____

n) Will this condition (or injury) result in permanent incapacity? Yes/No/Too Early to assess _____

o) Is this particular condition (or injury) likely to recur? Yes/No/Too Early to assess _____

p) Is this condition (or injury) likely to lead to an Economic Slaughter/Loss of Use? Yes/No/Too Early to assess _____

q) Could this be of genetic origin? Yes/No/Too Early to assess _____

r) Uses for which this equine will no longer be suitable

Racehorse

Eventer

Dressage

Polo

<input type="checkbox"/>	Endurance	<input type="checkbox"/>	Show Jumping	<input type="checkbox"/>	Pony Club	<input type="checkbox"/>	Hunting
<input type="checkbox"/>	Hacking	<input type="checkbox"/>	Brood Mare	<input type="checkbox"/>	Driving	<input type="checkbox"/>	Trail/Pleasure
<input type="checkbox"/>	Hack	<input type="checkbox"/>	Breeding Stallion	<input type="checkbox"/>	Show Horse		

Other unsuitable uses:

Complete only if applicable: (if not applicable go to question t)

- s) 1. The above animal was destroyed on humane grounds
 Yes/No
2. The above animal died of natural causes Yes/No
3. A post-mortem examination was carried out Yes/No

Results:

t) Conclusions:

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

I hereby declare that to the best of my knowledge all details on this form are accurate and truthful

 Attending Veterinary Surgeon

 Date

 Name of attending Veterinary Surgeon (Please Print):

 Name and address of Practice:

 Telephone Number:

 Fax Number:

Time sensitive information

Please return this completed form immediately to:

(800) 752-2472

**(303) 614-6961
 Equisure Inc**

Fax: (303) 614-6967