



5700 Smith Avenue  
Baltimore, Maryland 21209-3610

**THE HOFFBERGER INSURANCE GROUP**

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Office: 410-542-3300  
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DECLARATION OF HEALTH

(To be signed by the owner or person responsible for the horse)

Please complete and return this form immediately

NAME:	SEX:
SIRE:	DAM:
DATE OF BIRTH:	USE:
OWNER:	SUM INSURED:
PHONE:	
ADDRESS:	

- Has the above animal/s suffered from colic or any other colic related illness? YES/NO  
If yes, please give details/dates.....
- Has the above animal/s suffered from any other illness or disease or undergone any surgery?  
YES/NO  
If yes, please give details/dates.....
- Has there been any evidence of contagious or infectious disease at the stable/stud farm where  
the animal is kept?  
If yes, please give details/dates.....
- Has the animal/s been fired, blistered, nerved, operated on, suffered tendon problems or  
received treatment for lameness at any time, or does the animal have faulty conformation?  
YES/NO  
If yes, please give details/dates.....  
Has the animal made a complete recovery? YES/NO
- Is the above animal/s normal in eye wind and action to the best of your knowledge? YES/NO  
If no, please give details/dates.....
- How long has this horse been in your care/possession?.....YEARS.....MONTHS

SIGNED..... DATED.....

OWNER/AGENT/TRAINER/OTHER.....(position)