

STATEMENT OF HEALTH

Alpacas & Llamas Only



Producer's Name _____ Agency Code <u>87 -</u> Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-Mail Address _____
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This Statement forms part of the Animal Mortality Application for Animals Other Than Horses
Valid only on animals aged 6 months to 12 years and valued at \$25,000 or less.
(To be completed by the applicant.)

Animal (1) Name _____	Animal (2) Name _____	Animal (3) Name _____
Use of Animal (1) _____	Use of Animal (2) _____	Use of Animal (3) _____
How long have you known Animal(1)? _____	How long have you known Animal(2)? _____	How long have you known Animal(3)? _____

(If you have known animal(s) less than 30 days, this form is not applicable and a Veterinarian's Statement is required.)

	<u>Animal (1)</u>	<u>Animal (2)</u>	<u>Animal (3)</u>
1. Is the animal currently healthy and free of lameness, without the use of any drugs?...	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please explain: _____			
2. Does the animal have any past conformational problems or defects, illness or disease, lameness, injury, or any physical disability?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the animal ever had bloat/colic, intestinal disorders or ulcers within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the animal ever received any type of surgical treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the animal been examined or treated by a veterinarian for other than routine care within the last year?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the animal undergone any diagnostic ultrasound, bone scan or x-rays within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the animal received any joint injections, any type of medication long or short term, or any preventative treatments in the last 24 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the animal due to give birth any time during the proposed policy period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give expected date of birth along with the number of previous births.			
	_____	_____	_____
	_____	_____	_____
9. If Yes is marked as the answer for any animal in questions 2 through 8, please provide details below.....	_____		

I declare the above statements are true and complete, and that no material information was withheld.

Applicant's Signature _____	Date: (Must be no more than 30 days prior to policy effective date) _____
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