



# EQUI-CARE DECLARATION OF HEALTH (One Per Horse)

Name of Applicant \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ PC \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Previous policy number if applicable: EQUI- \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 What is your current Provincial Equine Association membership number: \_\_\_\_\_

**NAME OF HORSE (registered/show and barn name)** \_\_\_\_\_

SEX	BREED	COLOUR	YEAR FOALED
<b>USE OF HORSE /DISCIPLINE / LEVEL</b>		<b>INSURANCE LIMIT TO BE CONSIDERED (CND FUNDS)</b>	
		\$	

- 1) Has the horse ever suffered from any type of colic or digestive tract / gastrointestinal disorder (including ulcers)?  YES  NO  
 If YES, please provide details, date of occurrence, treatment and state of recovery:  
 \_\_\_\_\_
- 2) Has the horse had a neurectomy (nerved) or fasciotomy?  YES  NO If YES, date of procedure \_\_\_\_\_
- 3) Has the horse had any other surgical procedures?  YES  NO  
 If YES, please provide description and date of procedure  
 \_\_\_\_\_
- 4) Has the horse suffered from any lameness or sickness in the last 12 months?  YES  NO  
 If YES, please provide diagnosis, treatments as provided and current status of recovery?  
 \_\_\_\_\_
- 5) Is the horse examined annually by a licensed veterinarian for general health and soundness that includes parasite evaluation, dental examination and the administration of recommended vaccinations?  YES  NO  
 Please provide date of last full examination that included all of these elements and name of the veterinarian who attended.  
 \_\_\_\_\_
- 6) Has the horse received any performance or maintenance procedures or treatments, including intramuscular and / or joint injections, any type of medication long or short term, or any preventative treatments in the last twelve months?  YES  NO  
 If YES, please provide details \_\_\_\_\_
- 7) Is the horse normal in heart, respiration, vision and movement without medication?  YES  NO  
 If NO, please provide details \_\_\_\_\_
- 8) To your knowledge has the horse been exposed to any contagious or infectious disease in the last 12 Months?  YES  NO  
 If YES, please provide details \_\_\_\_\_

### DECLARATION OF OWNER

To the best of my knowledge, I DECLARE that the above information is true and that there is no other information that should be brought to the attention of the insurer. I understand that any misrepresentation of a material fact related to this insurance will adversely affect coverage provided. I further DECLARE that I will immediately advise the insurer of any change in the health or soundness of the horse.

\_\_\_\_\_  
SIGNATURE OF HORSE OWNER/POLICY HOLDER

\_\_\_\_\_  
DATE SIGNED

**Western Provinces and Territories:**

CapriCMW Insurance Services Ltd.  
 100 - 1500 Hardy Street, Kelowna, BC V1Y 8H2  
**TF** 1 800 670 1877 **F** 1 888 822 6115  
**E** agri@capricmw.ca **W** capricmw.ca/equine

**Ontario and Provinces Eastward:**

CapriCMW Insurance Services Ltd.  
 15221 Yonge Street, Aurora, ON L4G 1L8  
**TF** 1 888 394 3330 **F** 1 888 822 6115  
**E** forms@equicare.ca **W** capricmw.ca/equine