



EQUI-CARE STALLION LOSS OF USE (One Per Horse)

Name of Applicant _____
 Address _____ City _____ Province _____ PC _____
 Phone # _____ Cell # _____ E-Mail _____
 Previous policy number if applicable: EQUI- _____ Expiry Date: _____

STALLION BREEDING REPORT (to be completed by owner)

YEAR	# OF MARES COVERED	# OF LIVE FOALS	STUD FEE
			\$ _____
			\$ _____
			\$ _____

Please attach any current advertising material on this stallion

 SIGNATURE OF HORSE OWNER/Authorized Agent DATE SIGNED

STALLION EVALUATION (to be completed by Veterinarian)

NAME OF HORSE (registered/show and barn name) _____

BREED	COLOUR	Date of Birth
MARKINGS		TATTOO
		\$ _____

- 1) Name & Address of Owner: _____

- 2) Name & Address of farm Stallion stands at: _____

- 3) Physical Exam: _____
- 4) Testicles: _____
- 5) Libido: _____
- 6) Semen Volume: Total: _____ Gel-Free: _____
- 7) Progressive Motility: _____ Total # of Sperm: _____
- 8) Morphology:
 Normal: _____ Head Defects: _____
 Midpiece Defects: _____ Tail Defects: _____
- 9) Sperm Culture: _____
- 10) Comments regarding insurability: _____

 SIGNATURE OF Veterinarian DATE SIGNED

Name & Address of Veterinarian: _____

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