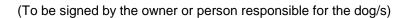
## **DOG DECLARATION OF HEALTH**





INSURED'S NAME:					
ADDI	RESS:				
1.	Have the dog/s been imported in to your country in the last 12 months YES/NO (if yes please give full details)				
2.	Have the dog/s specified suffered from any sickness, illness or disease in the last 12 months? YES / NO (If yes, please give details/dates and confirm whether the deer has made a complete recovery)				
3.	Have the specified dog/s undergone any surgery? YES / NO (If yes, please give details/dates and confirm whether the deer has made a full recovery)				
4.	Has there been any evidence of contagious or infectious disease at the location where the dog/s are kept? YES / NO (If yes, please give details/dates and confirm if the location is now free from the disease)				
5.	Has the proposed Insured ever experienced any losses/claims and/or thefts insured or not insured? YES / NO (If yes, please give details/dates)				
6.	Has the proposed Insured ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson or drugs, or is any prosecution pending against them? YES / NO If yes, please give details/dates				
	SIGNED: DATE: OWNER/AGENT				
<u>Decla</u>	<u>aration</u>				
to an	lare that to the best of my acknowledge and belief all of the above statements made by me are true. I hereby consen by information you may have about me being processed by you for the purposes of providing insurance, and claims ling, which may necessitate providing such information to third parties.				
SIGN	NED: PRINTED NAME:				
DATE	E:				

	NAME	MICROCHIP NUMBER	BREED	SEX	DATE OF BIRTH
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

SIGNATURE:	
NAME (Printed):	
DATE:	