

Veterinary Surgeon's Certificate

Allianz Insurance plc | Commercial



Important Notes

1. This form must be completed by the attending Veterinary Surgeon and then returned to the Company.
2. Any expense incurred in obtaining this certificate must be met by the Insured.

Please complete all relevant questions fully. Please tick correct boxes

A. Policy Holder

Name (Mr/Mrs/Ms Other)	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		
Claim No.	<input type="text"/>	Postcode	<input type="text"/>

B. Description of Animal

Name	<input type="text"/>	Colour	<input type="text"/>	Marks	<input type="text"/>	Sex*	<input type="text"/>
Breed	<input type="text"/>	Age	<input type="text"/>	Height	<input type="text"/>	Market Value	<input type="text"/>

* If the claim is for the fatality of a FOAL please enter in this column "foal, agedays" and put details of the DAM in the other columns.

C. About the Accident/Illness

Please state the following dates regarding the above animal:

1. When were you first called to examine the animal?
2. When was the animal injured/first taken ill?
3. When did you last attend the animal?
4. When did the animal die? (if applicable)
5. Please state the cause of the accident/illness?

6. Has a post-mortem examination been carried out? Yes No If Yes, please give results below.

7. Was the illness due to disease? Yes No If Yes, please give details below.

8. Was the animal slaughtered? Yes No If Yes, did you recommend slaughter on humane grounds?

9. In your opinion did the animal receive proper care and treatment both before and after the accident or illness?

Yes No If No, please provide full details

C. About the Accident/Illness

(Continued)

10. Do you consider that the ailment has been accelerated or brought about by neglect or overwork? Yes No If Yes, please state by whom

11. Does the injury or illness appear to be an entirely new and not a recurrence of an old one? Yes No If No, please provide full details

12. Please state the purpose for which the animal has been used.

13. Could the animal have led a pain-free life had it not been used for its intended purpose.

15. If death was due to an accident please state how and where it occurred.

16. Did you examine the animal when it was insured with this Company? Yes No

If No, do you know if the dead animal was the Insured one?

17. If a DEAD FOAL, did you examine the DAM when she was insured with this Company? Yes No

18. Do you know if she was insured with this Company? Yes No

D. General Remarks

19. Please provide any further helpful information together with your professional opinion.

Declaration and Signature

I declare that I attended the animal described on this certificate and that the statements made are true and accurate to the best of my Knowledge and belief.

Signature Date

Print Name Qualifications

Address

Tel Number Postcode