



**EQUINE DECLARATION OF HEALTH**  
Underwritten by Northbridge General Insurance Corporation  
(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):** \_\_\_\_\_  
**GENDER:**  Mare  Gelding  Colt  Filly  Stallion      **YEAR FOALED:** \_\_\_\_\_      **COLOUR:** \_\_\_\_\_  
**BREED:** \_\_\_\_\_      **REGISTRATION/TATTOO #:** \_\_\_\_\_  
**USE OF HORSE / DISCIPLINE:** \_\_\_\_\_      **TRAINING /SHOW LEVEL:** \_\_\_\_\_  
**INSURANCE LIMIT TO BE CONSIDERED (CND FUNDS):** \$ \_\_\_\_\_

- 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  
Date of last full examination: \_\_\_\_\_ 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:**

Acera Insurance Services Ltd.  
100 - 1500 Hardy Street, Kelowna, BC V1Y 8H2

**TF** 1 800 670 1877    **F** 1 888 822 6115  
**E** agri@acera.ca    **W** acera.ca/equine

**Ontario and Provinces Eastward:**

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**TF** 1 888 394 3330    **F** 1 888 822 6115  
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