

Insurance Information

My horse ___ is ___ is not insured. If yes, he is under the following type(s) of insurance: ___ mortality ___ surgical ___ major medical ___ Other

Name of insurance Company _____

Policy Number _____

Contact Name and Telephone Number _____

Policy requirements on when to contact the insurance company. _____

Signature of Horse Owner

Printed Name and Date

Witness Signature

Printed Name and Date

Signature of Designated Caregiver

Printed Name and Date

Designated Caregiver Information:

Daytime Phone Number _____

Cell Phone Number _____

Evening Phone Number _____