

This document should be completed by the owner/leasee or person who currently has care/custody/control of the animal and returned to IRT Insurance immediately.

Name of person completing the form: .....

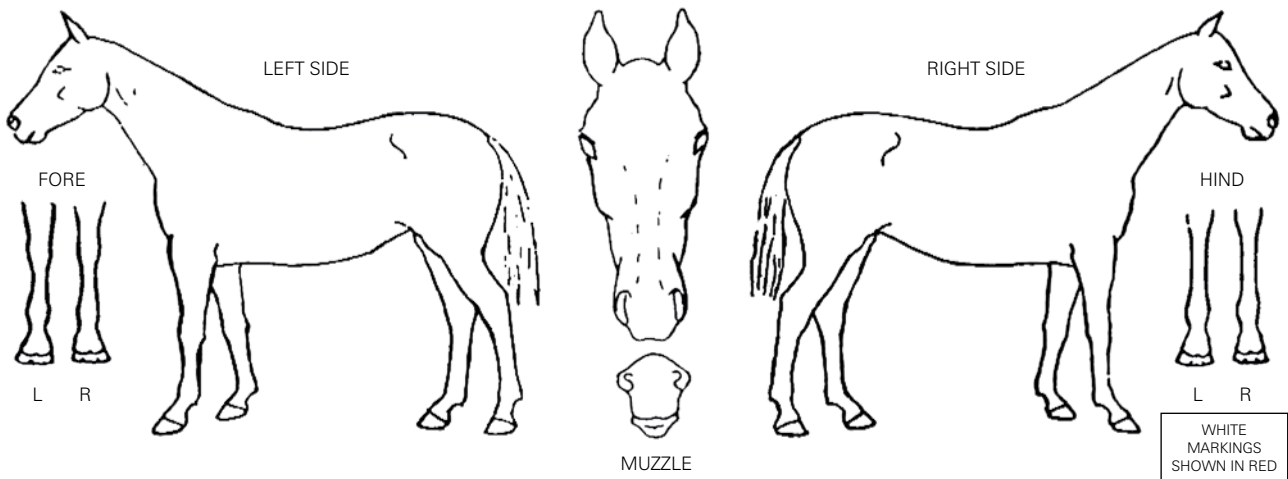
Role of person completing the form:  Owner  Leasee  Other: .....

Address: .....

Postcode: ..... Phone: .....

### Description

Named or if unnamed (sire & dam)	Colour	Breed	Sex	Date of birth	Approximate height



### Markings

Brands: .....

Head: .....

Body: .....

Forelegs: Left Side: .....

Right Side: .....

Hindlegs: Left Side: .....

Right Side: .....

Acquired Marks: .....

Purpose for which horse is used: .....

I hereby declare that the above named horse is in a good state of health, is well housed, has no signs of disease, has had no injury, illness, lameness or other abnormality during the past 12 months, and has no permanent abnormality or disability other than as follows:

.....  
 and I know of no other circumstances that would affect the Insurer's decision to accept this risk.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_