



Livestock Claim Veterinary Certificate

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Please Use Block Capitals

Policy No

I confirm that the animal detailed the property of

Of

Died on / / and I attended the animal from the / / to the / /

Description of the Animal

To be completed by the Veterinary Surgeon

Name/Identification No	Breed	Sex	Age	Value Prior to Loss

Details of the Death

Cause of death

If by disease how contracted?

If by accident detail the circumstances

Detail the injuries sustained

Did you perform a post mortem?

If yes please detail in your report

Was the animal operated on recently?

Date of operation / /

What was the nature of the operation?

Did you examine the animal for insurance purposes?

Do you identify the animal?

Was the animal correctly cared for and attended to?

Report

I declare that to the best of my knowledge and belief the details of the animals death are true and that proper care and treatment was afforded to the animal.

Date / /

Name

Address

Signature

Qualifications

Insurers and their agents share information with each other to prevent fraudulent claims and to decide whether to accept your proposal and, if so, on what terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.