

**Instructions:**

1. Complete and sign Part One of this form.
2. Arrange for a Health Assessment Exam up to 3 days before or within 7 days after your initial policy effective date.
3. Have your veterinarian complete and sign Part Two of this form during your horse's Health Assessment Exam.
4. Submit this completed form to us within 30 calendar days of the Health Assessment Exam.
5. If you acquired your horse within the past 6 months, please include a copy of your pre-purchase exam with this form.

**Waiting Period: There is a 14 day waiting period for diagnosis, treatment or surgery related to colic and any illness including ligament and tendon conditions. The waiting period begins on the first effective date of the applicable coverage.**

**In order for us to modify the waiting period, you must meet each of the following requirements:**

1. A qualifying exam of your horse by a veterinarian that includes an assessment of all body systems and parts;
2. the results of the exam need to be documented at the time of exam on this Waiting Period Health Assessment Form;
3. the qualifying exam must occur within 3 days prior to or 7 days after your initial policy effective date; and
4. the Waiting Period Health Assessment form must be provided to us within 30 calendar days of your qualifying exam.

If the Waiting Period Health Assessment requirements are met, the waiting period will be waived to either the policy period effective date or the day after the qualifying exam, whichever is later. This waiver does not alter the pre-existing conditions exclusion.

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

1. Is your horse currently sick or injured, or did they recently experience an accident, display clinical signs or symptoms, experience lameness, or receive treatment from a veterinarian for any reason? If yes, describe:  Yes  No If yes, describe: \_\_\_\_\_

2. Is your horse currently on any medication, supplements or prescription food?  Yes  No If yes, describe: \_\_\_\_\_

3. Has your horse ever been sick, injured or treated by a veterinarian in the past?  Yes  No If yes, describe: \_\_\_\_\_

4. Has your horse been seen by any veterinarian other than the one conducting this exam?  Yes  No If yes, who and when: \_\_\_\_\_

5. Has your horse ever participated in racing or race training, including training and/or competition for flat racing, jump racing, harness racing and endurance racing? If yes, describe: \_\_\_\_\_

6. Please list the date you acquired your horse: \_\_\_\_\_

*If you acquired your horse within the past 6 months, you must include a copy of your pre-purchase exam with this form.*

You certify that you did not make a misrepresentation to Us which includes a statement that is false, partially false, or which does not fairly reflect the truth. You understand that if you did, we may deny your request to modify the Waiting Period. You authorize any veterinarian who has ever seen or treated Your Horse to provide all medical records as may require. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance products are underwritten by Independence American Insurance Company (NAIC #26581. A Delaware insurance company located at 11333 N. Scottsdale Rd, Ste. 160, Scottsdale, AZ 85254). Insurance is produced by PTZ Insurance Agency, Ltd. (NPN: 5328528. Domiciled in Illinois with offices at 1208 Massillon Road, Suite G200, Akron, Ohio 44306). (California residents only: PTZ Insurance Agency, Ltd., d.b.a PIA Insurance Agency, Ltd. CA license #0E36937). The ASPCA® is not an insurer and is not engaged in the business of insurance. Through a licensing agreement, the ASPCA receives a royalty fee that is in exchange for use of the ASPCA's marks and is not a charitable contribution. U0124-HAF

PART TWO – VETERINARIAN TO COMPLETE DURING EXAM

**This form must be completed on the same day as the health assessment exam, by the Veterinarian who performed the exam.**

Horse Name: \_\_\_\_\_ Veterinarian's Name & Clinic/Hospital Name: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Clinic/Hospital Address: \_\_\_\_\_  
 Body Condition Score (1-9): \_\_\_\_\_/9 Clinic/Hospital Phone: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Clinic/Hospital Email: \_\_\_\_\_

<b>This form must be completed on the same day as the Health Assessment Exam, by the Veterinarian who performed the Exam. Please answer the following based on your comprehensive, in-person physical examination and assessment: Please select either normal or abnormal, and if abnormal describe.</b>		
	ABNORMAL/PROBLEM	NORMAL
Eyes/Ears/Skin	<input type="checkbox"/>	<input type="checkbox"/>
<i>If abnormal please describe:</i>		
Lumps, bumps, growths, lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>
<i>If abnormal, describe type and location:</i>		
Oral cavity	<input type="checkbox"/>	<input type="checkbox"/>
<i>If abnormal please describe:</i>		
Gastrointestinal/Gut Sounds	<input type="checkbox"/>	<input type="checkbox"/>
<i>If abnormal please describe:</i>		
Cardiovascular/Respiratory	<input type="checkbox"/>	<input type="checkbox"/>
<i>If abnormal please describe:</i>		
Neurological	<input type="checkbox"/>	<input type="checkbox"/>
<i>If abnormal please describe:</i>		
Orthopedic – joints, extremities	<input type="checkbox"/>	<input type="checkbox"/>
<i>If abnormal, describe and indicate which area(s)/joint(s):</i>		
Orthopedic – back, neck, spine	<input type="checkbox"/>	<input type="checkbox"/>
<i>If abnormal, describe and indicate which area(s)/joint(s):</i>		
Has this horse ever been diagnosed with or treated for any of the following: Cancer, Cardiac conditions, Colic, Cushing's Disease, EIA, EPM, Founder, Insulin Resistance, Laminitis, Navicular Syndrome, or Renal conditions?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, describe condition and date diagnosed or treated:</i>		

I certify that I've taken reasonable care not to make a misrepresentation and the answers and statements made in this form and any supporting documentation has been answered honestly, accurately and to the best of my knowledge based on a physical examination personally performed by me. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Veterinarian Printed Name: \_\_\_\_\_ Veterinarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_