



Veterinary certificate concerning death of a horse

EHASP-011120

Return address: P.O. Box 2300, 5202 CH 's-Hertogenbosch, info@HippoHorseInsurance.com

Only use this form if the full patient report is not available.

The undersigned veterinarian

Declares on..... (date) that the horse belonging to the owner below has died.

1. Name of

owner.....

Relation number..... Policy number.....

Name M/F..... Address.....

Zip/ City E-mail

Telephone private Telephone mobile

IBAN number..... BIC number.....

2. Name of horse..... Breed.....

Sex Parentage

Date of birth Studbook number.....

Chip number Color + markings.....

3. Circumstances surrounding the death (tick/circle and fill in where applicable):

Date of first (disease) symptoms:

The horse was put down by the undersigned / was the subject of a forced slaughter on (date) in connection with (mention case history, diagnosis, effect of any therapy and prognosis):

The horse died, whereupon the death was recorded by the undersigned on (date) as a result of (mention case history, diagnosis, effect of any therapy and prognosis):

An autopsy was / was not carried out (if an autopsy was carried out, a legible copy of the autopsy report should be sent as an annex to this form).

If any imaging is available (X-rays, echo images, etc.), we would request you to send this to us as well or hand it over to the policyholder. We will of course return this to you after assessment.

Signature of veterinarian Name of practice.....

Telephone number Town/City

Caution! Record of the chip number is required.