

VETERINARY SURGEON'S CERTIFICATE	
Name of person who is insuring the animal(s)	
Address where animal(s) were seen	

Name of Animal	Sex	Breed	Colour	Description	Born	Number	Value

Please answer the following questions when Loss of Use cover has been requested

1. Do the animal(s) above represent a normal breeding risk?	
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If NO please give details below:

2. Are there any abnormal conditions affecting the genitalia or breeding organs?	
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If YES please give details below:

3. Is there any other condition apparent which could affect the breeding ability?	
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If YES please give details below:

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 Registered Address: 2 Minster Court, Mincing Lane, London, EC3R 7PD.
 Authorised and regulated by the Financial Conduct Authority. FCA Register Number 308400.

Declaration

I hereby certify that I have this day examined the animal(s) described above and in my opinion the same are sound and in good condition and that I know of no reason why insurance should not be granted.

Further no information which ought to be disclosed has been withheld.

Signature of veterinary surgeon			Date	
Qualifications				
Name and address of practice				