



608 Virginia Street East, Suite 302
Charleston, WV 25301
Phone: (304) 346-1198

COLIC STATEMENT OF CONDITION

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Policy Number, if applicable _____

ANIMAL INFORMATION

Name of Animal: _____ Last Date of Colic: _____

COLIC HISTORY

If colic surgery performed, was a resection done? Yes No (provide copy of surgery report, if unknown)

Has the animal ever been treated for colic prior to the above-mentioned date? Yes No

If so, please provide dates and details of treatment:

I declare to the best of my knowledge and belief that the animal listed above has been in normal, healthy condition and has not suffered any colic or digestive disorder since last colic noted.

I understand and agree that this Statement of Condition shall be part of the Insurance contract and if anything is falsely stated or if information is withheld to influence the Company's decision to issue coverage to include colic/gastrointestinal disease, the Insurance contract will be null and void. Any exceptions must be noted.

Signature of Insured: _____ Date: _____