



Colic Statement of Condition

Name _____
 Address _____ City _____ State _____ Zip _____
 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