



PRAETORIAN INSURANC
COMPANY

CANINE HEALTH
STATEMENT

1068 Wellington Way
Lexington, KY 40513
859-223-6728 P/ 859-223-6732 F
www.equirisk.com
brooke@equirisk.com

INSURED'S NAME		POLICY NUMBER	
ANIMALS' NAMES			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that the above-named animals have not had any illness, injury, or disease in the past 12 months.	
SIGNATURE	DATE

Please list any health exceptions and include date and details of treatment.		
Date	Veterinarian	Condition/Treatment

If the Insured cannot certify that the animals have not had any illness, injury, or disease, then a satisfactory veterinary certificate may be required prior to binding mortality coverage. If any exceptions are noted, mortality coverage will be subject to company acceptance before binding.

You can download applications, vet certificates, and health statements from www.ClassicOnWeb.com.