

12. a) Has the illness or injury been accelerated or caused by lack of care, neglect, overwork, or improper housing, on the part of the Owner, his servants or by any other party? Yes No

b) If yes, please give details: _____

13. a) In your opinion, has the animal received proper care and treatment before and after illness/injury?
 Yes No

b) If no, please give details: _____

14. a.) Are you aware of any surgical operations this animal has undergone in the past? Yes No Unknown

b) If yes, please give details: _____

15. Prognosis for life: Excellent Very Good Good Fair Guarded
 Very Guarded Poor Grave

16. a) Was animal destroyed? Yes No

b) If yes, for humane reasons? Yes No Date: _____

17. Recommendations/Remarks: _____

18. IF DEATH RESULTED, PLEASE COMPLETE THE ATTACHED POST MORTEM/AUTOPSY REPORT.

I, the undersigned, a graduate veterinarian _____ (degree), do hereby declare the above particulars are to be best of my knowledge and belief true and accurate and that no information which ought to be given has been withheld by me.

Signature _____

Date: _____

Address: _____

Please fax (508) 533-5109 or Email to paula@CorinthianInsurance.com