



UNDERWRITING MANAGERS

Tel: 0861 00 00 90  
E-Mail: [info@keu.o.za](mailto:info@keu.o.za)  
Website: [www.keu.co.za](http://www.keu.co.za)

## ANIMAL HEALTH CERTIFICATE

NAME OF SHOOT		NO. DAYS ON SET	
DATE OF COVER REQUIRED	DAY / MONTH / YEAR	DATE OF SHOOT	DAY / MONTH / YEAR
NAME OF PRODUCTION COMPANY/ INSURED			
NAME OF WRANGLER			
TYPE OF ANIMAL:		BREED, SCIENTIFIC NAME:	
COLOR/ PHYSICAL DESCRIPTION OF ANIMAL:			
ANIMAL NAME:			
AGE OF ANIMAL:		SEX OF ANIMAL:	Male Female
VALUE OF ANIMAL:	R	YEARS OF TRAINING IRO ANIMAL:	
IS THE ANIMAL MICROCHIPPED:			YES NO
MICROCHIP NO. / TATTOO NO/ OTHER IDENTIFICATION:			
HOW WILL THE ANIMAL BE TRANSPORTED:		DURATION OF TRAVEL	
IS THE ANIMAL FREE FROM CLINICAL SIGNS OF INFECTIOUS/ CONTAGIOUS DISEASE			YES NO
IS THE ANIMAL FIT FOR TRAVEL AND PERFORMING/WORK:			YES NO
HAS THE ANIMAL TRAVELLED ABROAD IN THE PAST 90 DAYS			YES NO
IF YES PLEASE PROVIDE DETAILS:			
HAS THE ANIMAL BEEN TREATED FOR ANY ILLNESS OR INJURY IN THE LAST 90 DAYS?			YES NO
IF YES PLEASE PROVIDE DETAILS:			
DATE AND DETAIL OF LAST TREATMENT RECEIVED:			
IS THE ANIMAL PREGNANT:			YES NO
IF YES, PLEASE CONFIRM HOW FAR ALONG:			
IS/ WILL THE ANIMAL BE CONTAINED WITH ANY OTHER ANIMALS			YES NO
IF YES PLEASE PROVIDE DETAILS:			



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## ANIMAL HEALTH CERTIFICATE

### DECLARATION BY ANIMAL OWNER AND VETERINARY

I hereby confirm that I am not aware of any circumstances that could cause the animal to be unable to perform. I further confirm that the animal has been healthy for at least 90 days and that earlier illnesses have completely healed.

Signing this application does not bind the applicant or the company to complete insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way to conceal or misrepresent material fact or circumstances concerning, this insurance or the subject thereof the entire policy shall be void.

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that KEU Underwriting Managers (PTY) LTD has been made aware of all important information and that any incorrect information may mean that the claim may be rejected, and the policy cancelled.

I/We have read the above and agree that to the best of my / our knowledge and belief it fully represents the true statements of facts.

I consent to KEU Underwriting Managers, Centriq and its operators, processing and further processing, my personal information in accordance with the Protective of Personal Information Act, for the purpose of concluding and performing in terms of this insurance contract.

For further information please read our Private Notice, which can be found on [www.centriq.co.za](http://www.centriq.co.za)

#### OWNER/ WRANGLER DETAILS

NAME & SURNAME

CONTACT NUMBER

ADDRESS

DATE:

DAY / MONTH / YEAR

SIGNATURE:

#### VETERINARY DETAILS

FULL NAME & SURNAME

CONTACT NUMBER

VETERINARY ADDRESS

VETERINARY QUALIFICATION:

DATE:

DAY / MONTH / YEAR

SIGNATURE: