GEMINIA INSURANCE COMPANY LIMITED
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VETERINARY SURGEON'S CERTIFICATE OF HEALTH

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK
- letters in the applicants own handwriting or dictation

(Private and Confidential)

To show soundness on the limb and freedom of movement, the livestock being inspected for insurance should be moved outside th stall. Careful evaluation and investigation into housing conditions and the exposure and/or existence of infectious disease should b made. This certificate should be completed by the examining Veterinarian to the best of his / her ability as a licensed Veterinarian. The completed certificate should be forwarded to the insurer without delay.

Name of Client:_____ Contact_____ ID: _____

Description of the animals (s) proposed for insurance

Animals	Breed	Age	(RFID tag Number)	Value (Kshs)

Use a separate copy if the space is not sufficient.

1. Location where animals are kept:_____
2. Nutritional status of the animal (s)_____

3. Have these animals already been treated by veterinary surgeons?_____
   If yes state disease: _____

4. What kind of vaccination have the animal(s)received._____

5. What is your advice on vaccination, treatment, and husbandry to the animal(s) before the inception of the insurance

6. Has any of the animal (s) ever suffered from any disease?_____

7. General Examination.

	Yes	No
Are the temperature, pulse rate, and respiratory rate within the normal range?		
Are eyes clinically normal?		
Any signs of fever or illness?		
Signs of lameness or in-coordination?		

Please state duration of: TOTAL disablement_____days. PARTIAL disablement_____days.

Note: By Total Disablement, it is understood that the claimant is prevented by the injury from attending any portion of business or occupation. Partial Disablement is when the Claimant is so slightly injured or has so far recovered, as to be able to transact some portion of business or occupation, but not the whole.

I certify to the Directors of the GEMINIA INSURANCE CO. LTD, that the foregoing statements are correct, and that I have no reason to suspect the Claimant was otherwise than sober when the accident occurred.

Signature _____ Qualification _____ Telephone No _____

Date : _____ Address _____