



VETERINARY SURGEON'S CERTIFICATE OF HEALTH (LIVESTOCK)

(Private and Confidential)

Name of Client: _____ Contact _____

Client ID Number: _____

Description of the animals (s) proposed for insurance

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

1. Nutritional status of the animal (s) _____
2. Have these animals already been treated by veterinary surgeons? _____, If yes state disease

3. Is the animal (s) sound, healthy and free from any vice? _____
4. Has any of the animal (s) ever suffered from any disease?

5. Have there been any epidemics on the farm, location or Sub-county in the last two years? _____if yes give further details

6. How is the health situation of animal's in the neighbours? _____



VETERINARY SURGEON'S CERTIFICATE OF HEALTH (LIVESTOCK)

7. Are you regularly consulted for prophylaxis by the proposer for his/her animals?

8. What kind of tick control is used and do you consider the measures as sufficient?

I. Does the proposer follow sound vaccination regime? _____

II. When were the animals vaccinated last _____ and against what

III. How often are the animals dewormed? _____

9. Are the grazing conditions good and conducive to good health? _____

10. Do you consider the risk normal? _____

11. Is there any advice or other information you think the company should know?

12. When was the last quarantine placed in the Sub-county? _____ and why?

I CERTIFY that I have this day carefully examined the animals described in the above schedule and that the particulars, values and answers to the questions are correct to the best of my knowledge and belief.

NAME & ADDRESS: _____

QUALIFICATION / PROFESSIONAL ASSOCIATION No: _____

SIGNATURE: _____ DATE: _____

(Stamp)