

CLAIM FORM FOR VETERINARY

Attending doctor:

1. Owner's name:

2. Animal referred to in this statement:

• Color and identity markings / Tag number

• Microchip number

• Breed

• Sex

• Age

3. Does your practice normally attend to this animal?

4. Date and time when you first attended this animal in connection with the present illness/injury?

5. Location of the animal at the time of the sickness or injury?

6. What was your diagnosis of the sickness or injury?

7. State the probable cause of the sickness or how the accident occurred?

8. Under whose veterinary treatment has the animal been since the condition was diagnosed?

9. Describe the treatment given and the recommendations made:

10. Date and time when the sickness/injury first shown signs?

11. In your opinion 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? If yes give details :

12. In your opinion has the animal received proper care and treatment on timely basis before and after the sickness/injury? If no give details.

13. For what purpose has the animal been used?

14. Did the sickness/injury appear to be an entirely new one and not a reoccurrence of an old one? If no give details.

15. Had the animal undergone any surgical procedures or received any medical treatment which is relevant to the sickness/injury? If yes give details:

16. Date and time of death.

17. The actual cause of the death.

18. In your opinion, was the sickness or injury referred to above the sole cause of the death? If no give details:

19. Was the animal destroyed? If yes, was the animal destroyed on humane grounds or other grounds? (if other please elaborate).

20. Remarks and comments:

POST MORTEM/AUTOPSY REPORT

• Owner of animal:

• The animal's identification:

• Date and time of post mortem:

Findings including cause of death:

Additional remarks:

DECLARATION

I the undersigned, a qualified veterinarian recognized by the government of Kenya license number do hereby declare the above particulars are, to the best of my knowledge and belief, true and accurate and that no information which ought to be given has been withheld by me.

Qualification:

Address:

Signature:

Date: