दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड
THE NEW INDIA ASSURANCE COMPANY LIMITED
Head Office: 87, M G Road, Fort, Mumbai-400001
CIN No: L66000MH1919GOI000526 / IRDAI Regn. No.190

VETERINARY SURGEON'S CERTIFICATE (CATTLE INSURANCE)

(To be submitted along with proposal)

1. Name of Owner(s):
2. Address :
3. Occupation:
4. Description of the animal (s) proposed for insurance:

Sr.No.	Ear Tag No.	Species & Breed	Sex (if female whether in calf, calf at foot, freshly calved or heifer) colour and full distinguishing marks.	Exact age in years	Height	Present Market Value

1. Is/are the animal/s sound, healthy in good condition and free from vice?

2. Have any of the animals ever suffered from any disease, illness or ailments? If Yes, then give Particulars.

3. Do they appear to be well cared and for regularly fed?

4. Is there any infection of heart, spleen or liver?

5. Is there any sign of Mastitis, past or present?

6. Is there any contagious or infectious disease prevalent in the stable or its Vicinity?

7. Have all the animals been protected against Rinderpest, Hemorrhagic Septicemia, Anthrax, Black Quarter? Give dates of Vaccinations for each Disease.

8. Have all the animals been subjected to
    - Tuberculin test: if so are they declared free from the infection of Tuberculosis?
    - Agglutination test of Brucellosis and have negative reactors been vaccinated against this disease.

9. What is the source of the supply of the stock?

10. How long have they been in the charge of the proposer?

11. Have the females calved at the owner's premises? If it is so, was the calving normal?

12. Date of last calving

13. Do you consider the risks normal?

14. Are the stable conditions good and conducive to good health?

15. Is there any other information you think the company should know? If this space is not sufficient give full information in the space provided (below).

16. Do you recommend the Company to accept the risk?

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.

Signature _____
Qualification _____
Reg. No._____
Name & Address _____
_____
_____
_____

Date: _____

NOTE
This report should in all cases be sent to the Company and should not be handed over or shown to the proposer. Examination fees are payable by the Proposer and should be recovered by the Veterinary Surgeon direct from him.

ADDITIONAL INFORMATION: