



Livestock Claim Veterinary Certificate

10 Sabre Close, Green Farm Business Park, Quedgeley, Gloucester, GL2 4NZ
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Please Use Block Capitals

Policy No

I confirm that the animal detailed, the property of :

Died on / / and I attended the animal from the / / to the / /

Description of the Animal

To be completed by the Veterinary Surgeon

Name/Identification No	Breed	Sex	Age	Value Prior to Loss

Details of the Death

Cause of death

If by disease how contracted?

If by accident detail the circumstances

Detail the injuries sustained

Did you perform a post mortem?

If yes please detail in your report

Was the animal operated on recently?

Date of operation / /

What was the nature of the operation?

Did you examine the animal for insurance purposes?

Do you identify the animal?

Was the animal correctly cared for and attended to?

Report

I declare that to the best of my knowledge and belief the details of the animal's death are true and that proper care and treatment was afforded to the animal.

Date / /

Name

Address

Signature

Qualifications