***This document is provided as a sample/template. Covered Persons may use their own documentation, use the sample template, or modify the sample template.***

**Claim Form**

|  |  |
| --- | --- |
| Horse Name |  |
| Date of Claim |  |
| Trainer of Record |  |
| New Trainer/Owner |  |

List all treatments performed on the horse within the last 60 day. This is to include medical, therapeutic, and surgical treatments.

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| --- | --- | --- |
| **DATE** | **Medical (M)****Surgical (S)****Therapeutic (T)** | **Description/Details** |
| *mm/dd/yyyy* |  |  |
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