



WILDSWINKEL
versekering
 makelaars

Health Certificate

Insured Name: _____

Date of investigation: _____

Veterinarian Details:

Name and Surname: _____

Practice name: _____

Practice No.: _____

Telephone No.: _____ **Cellphone No.:** _____

Email address: _____

Species:	Sex:	Age:	Tag No.:	Microchip No.:

Where the animals chemically immobilized? Yes___ No___

It is confirmed that the animal/s, as shown above, are healthy and free from any obvious illness, disease, injury or any physical disability as far as I could tell with visual investigation during:

Capture: Yes___ No___

Step-on: Yes___ No___

Step-off: Yes___ No___

Field: Yes___ No___

Medication used:

Signature: _____ **Date:** _____