



Australian Stock Horse  
SOCIETY

# Livestock Mortality Claim Form



Amended: 12/09/2011

[www.ashs.com.au](http://www.ashs.com.au)

ABN 35001440437

## DETAILS

Branch/Management Council

Event Name

ASHS Accredited Coach Name(s)

Name of Animal Owner

Phone Number of Animal Owner

Postal Address of Animal Owner

Animal Owner's ABN

GST Registered  Yes  No

**NB:** All livestock must be given proper treatment and care all injuries and/or deaths to be notified within 48 hours by email/fax/phone to The Australian Stock Horse Society Limited, claims to be lodged within 14 days.

## DETAILS OF DEATH/ACCIDENT

Date of Death/Accident

Place and/or Premises Where the Death/Accident Occurred

Please State Full Cause and Circumstances of Death/Accident

Please State Method of Disposal of the Animal and by Whom

Please State Names and Addresses of Witnesses to Death/Accident

Name and Address of the Person/Committee in Charge of the Animal at the Time of Death/Accident

**NB:** Limit of reimbursement will be 80% of local saleyard market value on any one beast. Balance of value is the responsibility of the Branch/Management Council or Accredited Coach.

**Copy of Weekly Market Report to be attached.**

## CONTACT US



**Telephone**

02 6545 1122



**Facsimile**

02 6545 2165



**Address**

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Scone NSW 2337 Australia



**Email**

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## ANIMAL DETAILS

Description of the Animal \_\_\_\_\_

Age and condition of the Animal \_\_\_\_\_

Estimated Live Weight\* \_\_\_\_\_ Estimated Value/Kilograms\* \_\_\_\_\_ (\*to be carried out by a licensed stock agent)

Salvage Value \$ \_\_\_\_\_ Net Loss \$ \_\_\_\_\_ Total Amount of Claim \$ \_\_\_\_\_

Was any Insurance in Force on the Animal  Yes  No If **'Yes'** Please Supply Name and Address of Insurance Company \_\_\_\_\_

## VET DETAILS

Name and address of Veterinary Surgeon or other person who attended the animal (Veterinary Certificate to be attached) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NB:** All approved claims will be paid direct to the stock Owner

## DECLARATION

I \_\_\_\_\_ of \_\_\_\_\_

declare that on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, all of the above information is true and correct; and that the animal was given proper treatment and care. We agree that if we have suppressed or concealed any material, fact or made any untrue statement whatsoever the claim shall be void all rights to recover and shall be forfeited.

Signed \_\_\_\_\_ Date / /

## DECLARATION

Branch President/Secretary \_\_\_\_\_ Animal Owner \_\_\_\_\_

Signed \_\_\_\_\_ Date / / Signed \_\_\_\_\_ Date / /

Person in charge at time of Incident \_\_\_\_\_ Justice Of The Peace \_\_\_\_\_

Signed \_\_\_\_\_ Date / / Signed \_\_\_\_\_ Date / /