



Australian Stock Horse
SOCIETY

Livestock Mortality Claim Form



Amended: 12/09/2011

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
International:
61 2 6545 1122



Facsimile:
(02) 6545 2165
International:
61 2 6545 2165



Address:
PO Box 288
48 Guernsey St
Scone NSW 2337 Australia



Email:
info@ashs.com.au



Website:
www.ashs.com.au



Australian Stock Horse
SOCIETY

Livestock Mortality Claim Form



Amended: 12/09/2011

www.ashs.com.au

ABN 35001440437

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 / /