

# Feeder Associations of Alberta Claim for Dead Animals

Feeder Association: \_\_\_\_\_

Association Member: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Number of animals in this contract: \_\_\_\_\_

Contract Due Date: \_\_\_\_\_

Number of animals claimed: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Split contract:      Yes      No

Brand and Location: \_\_\_\_\_

Are the animals custom fed:      Yes      No

Location: \_\_\_\_\_

Did a veterinarian see the animal(s) prior to death:      Yes      No

Did a veterinarian post mortem the animal(s):      Yes      No  
(3 or more losses in 10 day period requires a veterinary letter)

Documentation Attached: \_\_\_\_\_

Further explanation or notes:

I, Supervisor/Director of the above named Feeder Association do solemnly declare that I have inspected the animal(s) claimed (or I have submitted a veterinarian's certificate or letter from a custom feedlot) and I declare the foregoing claim and statement are, to the best of my knowledge and belief, true in every particular (Supervisor can not inspect his own animals).

\_\_\_\_\_ Date

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature

**For office use only** \_\_\_\_\_

Death certificate No.: \_\_\_\_\_

Plan No.: \_\_\_\_\_

Amount of deductible: \_\_\_\_\_

Amount of deductible remaining: \_\_\_\_\_

Amount of claim: \_\_\_\_\_

Cheque No.: \_\_\_\_\_

Amount of Cheque: \_\_\_\_\_