

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: _____