

## EQUINE CRYOTHERAPY QUESTIONNAIRE

*To be completed with main Cryotherapy Application*

- 1) Named Insured \_\_\_\_\_
- 2) Treatments (must equal 100%):
  - a. \_\_\_\_ Local Cryotherapy
  - b. \_\_\_\_ Whole Body (trailer) Cryotherapy
  - c. \_\_\_\_ Equine Massage and/or Chiropractic work (if any, are they performed by a vet?    Yes    No)
  - d. \_\_\_\_ Other (please describe \_\_\_\_\_)
- 3) Revenues from Equine Treatments annually \$ \_\_\_\_\_
- 4) Number of Equine Treatments annually \_\_\_\_\_
- 5) Where do the treatments take place (must equal 100%)
  - a. \_\_\_\_ % On Site at the Client's premises? (e.g. stables)
  - b. \_\_\_\_ % Insured's Premises? If yes, is boarding/overnight stays available?  
Yes    No
  - c. \_\_\_\_ % One Site at other events? (e.g. race tracks, rodeos, fairs, etc)
  - d. \_\_\_\_ % Other (Please describe \_\_\_\_\_)
- 6) Types of Equine Treatments annually (must equal 100%)
  - a. \_\_\_\_ Rodeo Horses
  - b. \_\_\_\_ Show Horses
  - c. \_\_\_\_ Steeple Chase Horses
  - d. \_\_\_\_ Stud/breeders
  - e. \_\_\_\_ Pet/Casual Use Horses
  - f. \_\_\_\_ Racehorses - Are they nationally raced at races such as the Kentucky Derby?    Yes    No    If Yes, please provide horse names  
\_\_\_\_\_
  - g. \_\_\_\_ Others (please provide details \_\_\_\_\_)
- 7) Equine Values
  - a. Average Value of Horse Treated: \$ \_\_\_\_\_
  - b. Highest Value of Horse Treated: \$ \_\_\_\_\_
- 8) Average revenue produced by Horses treated \$ \_\_\_\_\_
- 9) Highest revenue produced by individual horse treated \$ \_\_\_\_\_
- 10) Is a vet or vet tech present at treatments?    Yes    No
- 11) Are animal health questionnaires completed prior to treatment?    Yes    No
- 12) Are vets consulted? \_\_\_\_ 100% of the time    \_\_\_\_ 50-100% of the time    \_\_\_\_ never
  - a. Details \_\_\_\_\_
- 13) Are waivers/consent to treat forms signed?    Yes    No
- 14) Are owners present at treatments?    Yes    No

Signature of Risk \_\_\_\_\_ Date \_\_\_\_\_