

FARMERS MUTUAL INSURANCE COMPANY OF NEBRASKA

LINCOLN, NEBRASKA

Statement of Claim on Livestock

(To be completed by Veterinarian)

I _____ of _____
(Name) (Name of Veterinary Clinic)

have inspected a dead _____ belonging to _____
(kind of animal) (owner of the animal)

on _____
(month./ day./ year)

Breed of animal: _____ Sex of animal: _____

Age of animal: _____ Weight of animal: _____

If female, was the animal bred? Yes No

It is my professional opinion the death of this animal was caused by: _____

Was a necropsy performed? Yes No

If yes, What findings support your conclusion of the cause of death? _____

If no, what other information supports your conclusion of the cause of death? _____

FEID# _____

(veterinarian signature)

Amount charged for inspection: \$ _____

