



**National Equine  
Adjusting, Inc.**

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Nicholasville, KY 40356  
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## DEATH CERTIFICATE

Claim Number: \_\_\_\_\_

Issued this day: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Animal

Name: \_\_\_\_\_

Description: \_\_\_\_\_

Cause of Death:

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, a graduate veterinarian \_\_\_\_\_ (degree), do hereby declare the above particulars are to the best of my knowledge and belief true and accurate and that no information which ought to be given has been withheld by me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

PLEASE RETURN AS SOON  
AS POSSIBLE VIA EMAIL TO:

Email: [claims@nationalequine.net](mailto:claims@nationalequine.net)

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