

# West Nile Virus Questionnaire

UNDERWRITERS WILL ATTACH AN EXCLUSION ON ALL ANIMALS THAT HAVE NOT  
RECEIVED THE WEST NILE VACCINE  
\*\*\*\*\*

NAME OF OWNER \_\_\_\_\_

**Please answer the following questions concerning West Nile Virus.**

Has there been a case reported of West Nile in your County? \_\_\_\_\_  
If so what county do you live in? \_\_\_\_\_

Has there been a case reported within Ten Miles of you? \_\_\_\_\_

Have you vaccinated your horses for West Nile? \_\_\_\_\_  
If so what date did they receive the vaccination? \_\_\_\_\_  
Did they receive both of the vaccinations? \_\_\_\_\_  
If so give dates of both vaccinations? \_\_\_\_\_

Please list the Names of the Horse (s) that you are insuring:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**KNORPP BLOODSTOCK INSURANCE AGENCY, LC**  
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