

Affidavit

Name:

Address:

.....

Postal Code: Contract No.:

	Sheep	Goats	Cattle
Number injured/killed			
Date of discovery			
Breed			
Age			
Sex			
Grade or registered			
Ear tag number(s)			

If injured/killed by a dog, please provide the name and address of the owner (if known):

Name:

Address:

I of in the District
..... in the Province of Newfoundland and Labrador make oath and do

say to the best of my knowledge that the foregoing is a true and correct statement.

DD / MMM / YYYY

Insured Producer

Date

Sworn to at in the Province of Newfoundland and Labrador this
..... day of, 20 before me.

DD / MMM / YYYY

Official *

Date

STAMP
HERE

(* Official must be either a Justice of the Peace, Commissioner of Oaths, or Agency Official)