

Hyperkalemic Periodic Paralysis Disease Information Form (HYPP)

INFORMATION TO BE COMPLETED FOR QUARTER HORSES, PAINTS AND APPALOOSAS

Named Insured: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Horse's Name: _____	Date of Birth: _____	Sex: _____
Breed: _____	Use: _____	

NOTE: If use is "show", please specify type of class. (Halter, Western Pleasure, Youth, Cutting or Reining.)

1. Does the horse's pedigree/breeding indicate the potential for HYPP (Hyperkalemic Periodic Paralysis Disease)? Yes No
2. If the above answer is "YES", has the horse been tested for HYPP? Yes No
3. If the horse was tested, what was the result? N/N N/H H/H
4. Location of the test? _____
Date of the test? _____

PLEASE NOTE: All horses with a pedigree or breeding link to HYPP must be tested, unless both sire and dam have tested N/N. Horses with results of H/H are NOT eligible for coverage. Horses with test results of H/N must be submitted for underwriter's approval and coverage is NOT bound.