



**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 of  
..... 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)