



MARINE MAMMAL PROPOSAL FORM

Cover proposed against the Risks of Mortality specified in the schedule and subject to various conditions, limitations and exclusions. A copy of the Policy Summary (Key Facts) and/or Policy Wording showing the full extent of the cover can be obtained upon application to your broker.

BEFORE ANSWERING ANY QUESTION, PLEASE READ CAREFULLY THE DECLARATION AT THE END OF THIS PROPOSAL WHICH YOU ARE REQUIRED TO SIGN. ANSWER ALL QUESTIONS IN FULL

Please State cover required: ☐ All Risks of Mortality ☐ Restricted Perils
☐ Limited Theft ☐ Government Slaughter Disease
☐ Transit ☐ Other (please state):

Requested period of insurance:

From To
at 00.01 am standard local time

General Information

Name of Facility

Address

Postal Code/Zip Code

Telephone Office

Mobile

Fax

Email

Number of Years in Operation

Name of Owner/Partnership

Marine Mammals in situ

Please provide a map/layout of the facilities available to marine mammals, including dimensions and

Location/Equipment details

1 What is the location/address of the facility that the marine mammals are kept (if different from above)

.....
.....

2 Number of Years in Operation
(If multiple sites please provide details for all)

3 Is the location manned 24 hours a day? YES ☐ (Please tick relevant box) NO ☐

4 Is the following equipment available on-site to work with the marine mammals?

a Stretchers YES ☐ NO ☐

b Booms YES ☐ NO ☐

c Portable Skimmers/Nets for removal of debris from pools YES ☐ NO ☐

d X Ray YES ☐ NO ☐

e Ultrasound YES ☐ NO ☐

5 Are there separate medical/quarantine pools available at the YES ☐ NO ☐

a If yes, are these permanent or temporary? facility? TEMPORARY ☐ PERMANENT ☐

6 What, if any, back up life support systems does the facility have?

a Automatic/On-Demand Generator YES ☐ NO ☐

b Manual Generator YES ☐ NO ☐

c Other: please give full details

Water Quality

7 Is the Facility: OPEN ☐ CLOSED ☐

COMBINATION ☐

a Combination (please explain):

8 What is the water source?

FRESH SEA WATER ☐ COMBINATION ☐

ARTIFICIAL SALT WATER ☐ FRESH WATER ☐

OTHER FRESH WATER FACILITY ☐

a Other (please explain):

9 How often are water samples collected for testing? DAILY ☐ WEEKLY ☐

a Other (please explain):

MONTHLY ☐

QUARTERLY ☐

10 How often are collected samples tested? DAILY ☐ WEEKLY ☐

MONTHLY ☐ QUARTERLY ☐

a Other (please explain):

11 Where are the results from water testing recorded:

MANUAL LOG BOOK ☐ ELECTRONIC ☐
(i.e. book) (i.e. computer)

a Other (please explain):

12 Who is responsible for recording the results from the water testing?

Name

Position

Mobile

Email

13 Where is the water tested? ON SITE ☐ OFF SITE ☐

a If tested off site please advise where the water is tested:

b If tested off site please advise how often the water is tested: DAILY ☐ WEEKLY ☐

MONTHLY ☐ QUARTERLY ☐

c Other (please explain):

OTHER ☐

14 Please confirm which water quality parameters are tested at the facility: Tick all boxes which apply

Chemical ☐ Bacterial ☐ Salinity ☐ Temperature ☐

Dissolved Gas ☐ Flow Rates ☐ pH ☐ Ammonia ☐

Dissolved Oxygen ☐ Bromine ☐ Alkalinity ☐ Nitrate ☐

Heavy Metal Scans ☐ Phosphate ☐ Mercury ☐ Iodine ☐

Conductivity ☐ Other ☐

15 Does the facility have a back up water supply? YES ☐ NO ☐

a If YES, is the back water supply tested for the same parameters?

YES ☐

NO ☐

16 Please confirm salinity range:

From to ppm (parts per million)

17 Please confirm the NUMBER of:

Heat exchangers at facility Chillers at facility

Ozone generators in use Heat pumps at facility

Protein fractionators used at facility

18 Type of water pump and filtration system is used at facility:

.....

19 Natural Sea Water Testing

Please advise the frequency of the following tests

	Daily	Weekly	Monthly	Quarterly	Other (please state)
a Temperature	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b pH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c Nitrate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d Bacteria	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

20 New facilities, please advise the date water testing started

Any other remarks in respect of water quality and testing

.....

.....

21 What type of filtration is to be used / is currently being used? Sand Earth

22 Are a number of staff trained to test the water YES NO

a Are they competent to adjust the water and filtration systems in order to maintain optimum water conditions? YES NO

23 Is the water treated with ozone? YES NO

Staff

24 What is the experience of the management / owners with the species?

25 How many staff does the facility employ to look after / train the marine mammals, and what is their experience with the species? (please include current Curriculum Vitae)

.....

Schedule of Marine Mammals for Insurance

Please fully complete the additional Schedule sheet for all marine mammals to be insured for each location.

Husbandry Information

26 Describe the normal diet of the marine mammals, including any supplements

.....

.....

27 Are there any other species owned/not owned kept on the premises? YES ☐ NO ☐

a Please provide details if yes

.....

28 Are the marine mammals involved in public shows? YES ☐ NO ☐

a If so please state how often?

.....

29 Are the marine mammals involved in breeding? YES ☐ NO ☐

a If yes, please provide details of the standard operating procedures

.....

.....

.....

.....

30 Are there any Alpha males or females currently identified? YES ☐ NO ☐

a If so, are they already and will they be separated? YES ☐ NO ☐

.....

.....

Disease Information

31 Have any marine mammals on the property suffered from any illnesses, injuries, disease, or undergone surgery in the last 36 months?

YES ☐ NO ☐

a If YES please provide full details of the standard operating procedures to correct/cure the problem)

.....

.....

32 Have there been any contagious or infectious diseases in the past 48 months?

YES ☐

NO ☐

a If YES please provide full details of the standard operating procedures to correct/cure the problem)

.....

.....

33 To your knowledge are there any contagious or infectious diseases on the premises now?

YES ☐

NO ☐

a If YES please provide full details of the standard operating procedures to correct/cure the problem)

.....

.....

34 Have there been any contagious or infectious disease within the locality during the last 36 months?

YES ☐

NO ☐

a If YES please provide full details of the standard operating procedures to correct/cure the problem)

.....

.....

35 What biosecurity procedures are in place to prevent the spread of disease?

visitor book ☐

wheel wash ☐

isolation procedures ☐

shower ☐

36 Are you subject to regular tests of any sort?

YES ☐

NO ☐

a If YES please state type of tests and frequency:

.....

.....

37 Are the proposed marine mammals in sound health?

YES ☐

NO ☐

a if NO please give further details:

.....

.....

Please note that it is normal practice for a veterinary certificate to be requested before cover for each individual marine mammal incepts:

Veterinary Details

38 Name, full address, telephone number (office and mobile) and email of your Veterinary Surgeon:

.....

.....

.....

39 What is the normal distance from the veterinary office to each facility?

Insurance History

(Please tick relevant box)

40 Are the proposed marine mammals now insured or have they been insured previously by you or your agent?

YES ☐ NO ☐

a If YES give details including the names of Insurers

.....

.....

41 Have you ever sustained a loss of an marine mammals by any of the contingencies which you propose to insure?

YES ☐ NO ☐

(If YES please complete additional sheet as attached)

42 Has any Insurer ever declined or refused to renew your marine mammals?

YES ☐ NO ☐

a If YES give details including the names of Insurers

.....

43 Have you other marine mammals/species which are not proposed for Insurance?

YES ☐ NO ☐

a If YES, give details of why they are not proposed

.....

44 Have you been paid claims on marine mammals at any time?

YES ☐ NO ☐

a If YES, please complete additional Loss History sheet

45 Are there any leases on any of the marine mammals?

YES ☐ NO ☐

If YES, give full details:

.....

.....

46 Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance?

YES ☐

NO ☐

If so please give full details:

.....

.....

DECLARATION

To the best of my knowledge and belief, the information provided in connection with this proposal, whether in my hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(Please note: A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Broker.)

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

I declare that to the best of my knowledge and belief all of the above statements made by me are true. I hereby consent to any information you may have about me being processed by you for the purposes of providing insurance, and claims handling, which may necessitate providing such information to third parties. I also confirm there are no other circumstances within my knowledge or opinion that are not already disclosed that are likely to affect the proposed insurance.

Signed

.....

Please Print

.....

Title

.....

Dated

(if not Head Trainer please also give their details)

.....

Print name:

.....

Signature:

.....

Title:

.....

Date:

.....

Telephone:

.....

Email:

.....

Details of Marine Mamals to be Insured

1	Name					
2	Species					
3	Identification	Tag/Microchip No.				
4	Sex	M/F				
5	Date of Birth/Age	dd/mm/yyyy				
6	Reached Sexual Maturity?	Y/N				
7	If female, has she given birth previously?	Y/N				
8	If male, has he sired any offspring?	Y/N(Natuaral,Artifical Insemination)				
9	Contraception*	Y/N				
10	Estimated hours of Training	Hours				
11	Initial purchase/acquisition	\$				
12	Initial purchase/acquisition	dd/mm/yyyy				
13	On Lease/Loan**	Y/N				
14	Origin (WC - Wild Caught, CB - Captive Bred)	WC/CB				
15	Date of Arrival at Facility	dd/mm/yyyy				
16	Cost of Transit	\$				
17	Sum Insured Requested	\$				
18	Reason for Increased Sum Insured (if any)					
19	Intended use					
20	Known Physical Ailments***	Y/N				
21	Other Information****					

*if yes please advise method

**Please note a copy of the lease agreement will be required

****e.g. Physical Ailments, Breeding History, Training etc.

The above named marine mammals are owned by me and, to the best of my knowledge and belief, the information provided in connection with this proposal, whether in my hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

Loss History

	Date of Loss	Details of Loss	Gross Loss	Deductible Applied	Nett Loss
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
15					

Supplemental Transit Proposal Form

Marine Mammal(s) Name/ID

Age:

Sex:

1. What is the origin, destination and planned route of the transit?

.....
.....
.....

2. Will the transit be direct, and will there be any scheduled techstops / resting points?

.....
.....

3. What type of enclosures are the marine mammals coming from and going to, i.e. closed with life support, full filtration etc.?

.....
.....
.....

4. What quarantine period will there be before and / or after the transit? please give details of where this will be and for how long.

.....

5. How long will the marine mammals have been in captivity prior to the transit?
(please list all known facilities and dates for each individual)

.....

6. What is the normal diet for the marine mammals whilst in captivity, i.e. frozen fish, where are these sourced from, and are they eating well prior to the transit?

.....
.....
.....

7. Have the marine mammals been weighed in order to monitor any weight throughout the transit and to help determine whether the animals are fit for travel? If so, what is their current weight, and has this been constant?

.....
.....

8. Are the marine mammals trained to give blood?

.....
.....

9. Have baseline blood profiles been established?

.....
.....

10. Have Import / Export Permits/ licenses/paperwork been properly attained?

.....
.....
.....

11. How many handlers will accompany the marine mammals, and what is their experience?

.....
.....
.....
.....

Supplemental Transit Proposal Form

12. What mode of transport is to be used, i.e. Boat/Rail/Plane/Truck/Trailer etc?

.....
.....

13. What apparatus is to be used to transport the marine mammals and have they been habituated to it? – i.e. sling, canvass bag, steel/ fibreglass/metal box?

.....
.....

14. Are the animals trained to this apparatus?

.....
.....

15. Will the marine mammals be transported in water or dry?

.....

16. Will there be an ample supply of fresh water and/or ice available?

.....
.....

Aquarium Water Quality Testing Criteria Form

Please note Underwriters guidelines for criteria range and frequency of testing;

ITEMS	CRITERIA RANGE	FREQUENCY
Ammonia Azote	< 1.0 ppm	Once Per Week
Nitrous Acid	< 5.0 ppm	Once Per Week
Chlorine	0.3 – 2.0 ppm	Once Per Day
pH	7.2 – 8.3	Once Per Day
Salinity	2.4 – 3.4 ‰	Once Per Week
Temperature	15 - 25° C	Once Per Day
Total Figures for Bacteria	< 100 ↑ /ml	Once Per Week
Intestine Bacillus	< 3 ↑ / ml	Depending On Situation

Other:

Other:

Training / Discipline Behavior(s) Form for Marine Mammal(s)



Date

Facility

SEA LION

Marine Mammal Name / ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex:	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Yes	No	Yes	No	Yes	No
Bowing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shaking hand	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Singing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Showing tongue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Standing upside down with fin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Walking upside down	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Standing upside down on the _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Holding ball	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Standing upside down by holding ball	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Walking upside down by holding ball	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Roller playing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Holding ball on roller	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ball heading	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rolling on	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rolling on canister (balance)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Standing walking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Basketball playing in water	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Climbing obstacle with ball holding	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Somersault	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Painting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kissing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hand shaking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pin Wheel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If any others, please attach supplement including pictures and/or video if available.

MEDICAL TRAINING:	Yes	No	Yes	No	Yes	No
Blood Profile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faecal Profile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Urine Profile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blow Hole	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sonogram	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Training / Discipline Behavior(s) Form for Marine Mammal(s)



Date

Facility

WHITE WHALE/BELUGA

Marine Mammal Name / ID:

Age:

Sex:

	Yes	No	Yes	No	Yes	No
Stable Standing						
Face upward – fin waving						
Goodbye – tail fin waving						
Person propping up swimming						
Knight – swimming						
Person propping up						
Swimming dance						
Singing						
Water spraying						
Head nodding						
Front fin waving while swimming						
Kissing						
Shaking hands						
Tai Chi Dancing Swimming						
Stable standing						
Jumping high in group						
Standing and clapping welcome						
Lying and clapping welcome						
Nodding						
Balancing ball in water (propping up ball)						
Playing hoop						
Patting ball by tail						
Walking upright						
Patting water around the pool						
Riding on twin / single dolphins – twin dolphins						
propping up person by sliding on the water surface						
Dancing in water – dancing with persons						
Saying goodbye by waving tail						
Propping up person in air						
Through circle in air						
Propping up ball in air and circle						
Dragging small boat and jumping						
Play with the audience closely						
Catching the ball in air						
Volleyball game on bank						
Propping up ball and shooting basket						
Kissing						
Dancing						
Clapping						

**Training / Discipline Behavior(s)
Form for Marine Mammal(s)**

Date

Facility

Saying goodbye

Training / Discipline Behavior(s) Form for Marine Mammal(s)



Date

Facility

WHITE WHALE/BELUGA continued

Marine Mammal Name / ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Overturning in air	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jumping in air	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jumping through circle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Freestyle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Band performance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pin Wheel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If any others, please attach supplement including pictures and/or video if available.

MEDICAL TRAINING:	Yes	No	Yes	No	Yes	No
Blood Profile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faecal Profile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Urine Profile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blow Hole	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sonogram	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:						

SIGNED & DATED BY:

I hereby declare the above to be true and correct as of the above date.

Print name: _____

Signature: _____

Date: _____

Title: _____

Telephone: _____

Email: _____

Training / Discipline Behavior(s) Form for Marine Mammal(s)



Date

Facility

SEA OTTER

Marine Mammal Name / ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex:	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Yes	No	Yes	No	Yes	No
Clapping hands for welcome	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clapping hands and turning around	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kissing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shaking hands	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Picking up under the water	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Feeding performance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Using stone to break the shell to eat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pin Wheel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Faecal Profile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Urine Profile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blow Hole	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sonogram	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNED & DATED BY:

I hereby declare the above to be true and correct as of the above date.

Print name:

Signature:

Date:

Title:

Telephone:

Email:

Training / Discipline Behavior(s) Form for Marine Mammal(s)



Date

Facility

WALRUS

Marine Mammal Name / ID:

Age:

Sex:

	Yes	No	Yes	No	Yes	No
Water spraying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kissing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand shaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand clapping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping beauty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whistling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiding face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tongue showing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pin Wheel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any others, please attach supplement including pictures and/or video if available.

MEDICAL TRAINING:

	Yes	No	Yes	No	Yes	No
Blood Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faecal Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blow Hole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sonogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						

SIGNED & DATED BY:

I hereby declare the above to be true and correct as of the above date.

Print name: _____

Signature: _____

Date: _____

Title: _____

Telephone: _____

Email: _____

Training / Discipline Behavior(s) Form for Marine Mammal(s)



Date

Facility

POLAR BEAR

Marine Mammal Name / ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex:	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Yes	No	Yes	No	Yes	No
Performance of diving feeding	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dance on Land	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Standing walking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pin Wheel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. If any others, please attach supplement including pictures and/or video if available.

MEDICAL TRAINING:

	Yes	No	Yes	No	Yes	No
Blood Profile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faecal Profile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Urine Profile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blow Hole	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sonogram	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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