



Physical Examination Record

In an effort to provide you and your pet with exceptional coverage and affordable premiums, we require that all pets lacking a medical history receive a physical examination. During the exam, your veterinarian will make recommendations for care.

Application # _____

Pet owner last name _____ First name _____

Pet name _____ Date of birth ____/____/____ Sex: M/F _____

Spayed/Neutered: Y/N _____ Breed _____ Color _____

Please have your veterinarian complete the form below. Document findings **in detail** (such as but not limited to: cataracts, enlargement or discharge from the external genitalia, mammary tumors or nodules, skin changes including alopecia, tumors or nodules, cruciate ligament instability, periodontal disease or any ongoing acute or chronic illness).

History (including previous and current conditions, treatments, etc.) _____

General Appearance

NRM ABN (please explain) _____

Integument

NRM ABN (please explain) _____

Musculoskeletal

NRM ABN (please explain) _____

Circulatory

NRM ABN (please explain) _____

Underwritten by Veterinary Pet Insurance Company (CA), Brea, CA;
National Casualty Company (all other states), Madison, WI, an A+15 rated company.
P.O. Box 2344, Brea, CA 92822-2344
800-USA-PETS (800-872-7387) Fax: 866-332-3994
www.petinsurance.com

Respiratory

NRM ABN (please explain) _____

Digestive

NRM ABN (please explain) _____

Urogenital

NRM ABN (please explain) _____

Eyes / Ears

NRM ABN (please explain) _____

Nervous System

NRM ABN (please explain) _____

Lymph Nodes

NRM ABN (please explain) _____

Mucous Membranes

NRM ABN (please explain) _____

Are vaccinations up to date? Y/N? _____

Is additional testing required: None See tests recommended below:

Veterinarian name _____ Signature _____

Date of examination ____/____/____

Hospital name _____

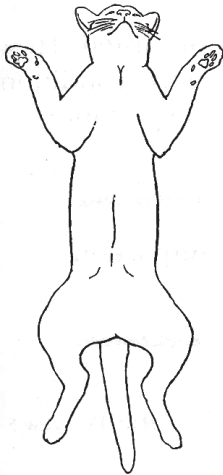
Phone number () _____ Fax number () _____



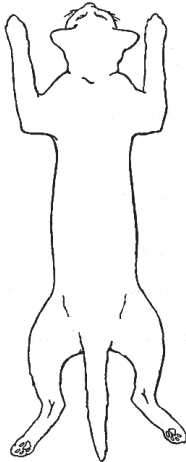
Mass/Lesion Chart

Owner's Name _____

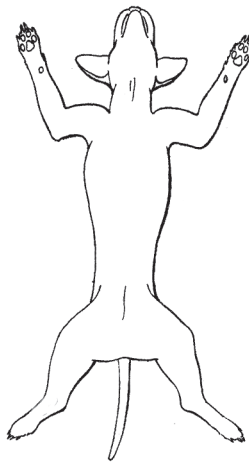
Pet Name _____ Date _____



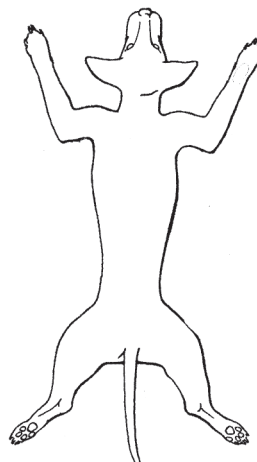
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Lesion Number	Date Noted	Size	Date Excised	Cytology/Biopsy Results
1				
2				
3				
4				
5				
6				