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.

Policy Number ____________________________

Pet Owner Last Name ____________________________ First Name ____________________________

Pet Name ____________________________ Date of Birth _____ / _____ / _____ Sex: M / F

Spayed/Neutered:  □ Yes  □ No  Breed ____________________________ Color ____________________________

Please have your veterinarian complete the form below. Findings should be documented 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 (explain) ____________________________

Integument

□ NRM  □ ABN (explain) ____________________________

Musculoskeletal

□ NRM  □ ABN (explain) ____________________________

Circulatory

□ NRM  □ ABN (explain) ____________________________

Respiratory

□ NRM  □ ABN (explain) ____________________________

Insurance plans are offered and administered by Veterinary Pet Insurance Company in California and DVM Insurance Agency in all other states. Underwritten by Veterinary Pet Insurance Company (CA), Brea, CA, an A.M. Best A rated company (2013); National Casualty Company (Nat’l), an A+15 rated company.
Physical Examination Record (cont.)

Pet Owner Last Name _______________________

Digestive
- NRM □ ABN (explain) ______________________

Urogenital
- NRM □ ABN (explain) ______________________

Eyes / Ears
- NRM □ ABN (explain) ______________________

Nervous System
- NRM □ ABN (explain) ______________________

Lymph Nodes
- NRM □ ABN (explain) ______________________

Mucous Membranes
- NRM □ ABN (explain) ______________________

Are vaccinations up to date? □ Yes □ No
Additional testing required: □ None □ See tests recommended below:

______________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________

Veterinarian Name ______________________ Signature ______________________

Date of Examination _____ / _____ / ________

Hospital Name ______________________

Phone Number (____) _______________ Fax Number (____) _______________
### Mass/Lesion Chart

<table>
<thead>
<tr>
<th>Lesion Number</th>
<th>Date Noted</th>
<th>Size</th>
<th>Date Excised</th>
<th>Cytology/Biopsy Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Insurance plans are offered and administered by Veterinary Pet Insurance Company in California and DVM Insurance Agency in all other states. Underwritten by Veterinary Pet Insurance Company (CA), Brea, CA, an A.M. Best A rated company (2013); National Casualty Company (all other states), Madison, WI, an A.M. Best A+ rated company (2014). Nationwide, the Nationwide N and Eagle, and Nationwide Is On Your Side are service marks of Nationwide Mutual Insurance Company. ©2015 Nationwide. ISRET3298