



Nationwide[®]
is on your side

PO Box 2344, Brea, CA 92822
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800-USA-PETS (800-872-7387) • FAX 866-332-3994 • petinsurance.com
 Direct Inquiries to DVM Insurance Agency • 714-989-0555
 Underwritten by: Veterinary Pet Insurance Company[®] (CA)
 National Casualty Company (Nat'l), an A+15 rated company

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) _____

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 ____ / ____ / ____

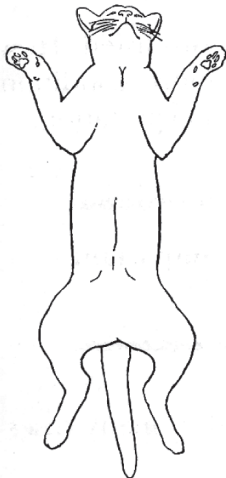
Hospital Name _____

Phone Number () _____ Fax Number () _____

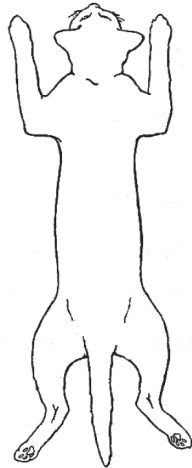
Mass/Lesion Chart

Owner Name _____ Policy Number _____

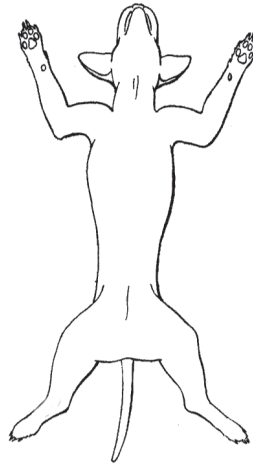
Pet Name _____ Date _____



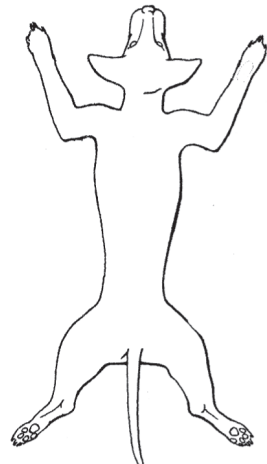
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Lesion Number	Date Noted	Size	Date Excised	Cytology/Biopsy Results
1				
2				
3				
4				
5				
6				