

Submit this completed form using one of the methods below:

Fax: 866-332-3994

Email: medicalrecords@petinsurance.com (include your policy # in subject line)

Mail: P.O. Box 183143, Columbus, OH 43218-3143

Direct Inquiries to DVM Insurance Agency • 800-540-2016 • petinsurance.com
Underwritten by: Veterinary Pet Insurance Company*(CA), National Casualty Company (Nat'l)

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 complete physical examination and provide details of any known prior history. During the exam, your veterinarian may make recommendations for testing or care.

Policy Number						
Pet Owner Last Name	_ First Name					
Pet Name	_ Pet's Date of Birth//					
Sex: M F Spayed/Neutered: Yes No Breed	Color					
Please have your veterinarian complete the form below.						
History: Include all known previous and current conditions and symptoms with their duration, such as coughing, sneezing, vor consumption, appetite, weight loss, lameness (specify limb(s))	miting, diarrhea, changes in urination, water					
Also, include any diagnosed or tentatively diagnosed conditions (current, past, or historical), chronic conditions, ongoing or intermittent treatments (medications, supplements, dietary management), diagnostic test or imaging results, recommended tests or treatments, and specialist referrals.						
Exam findings and assessments: Document all findings in detail, including but not limited to the locations and sizes of any masses (use the attached Mass/Lesion Chart), evidence of skin, ear, or allergy issues, and identification of specific limb(s) involved in mobility issues. Explain all abnormal findings in the appropriate sections below.						
General appearance NRM ABN (explain)						
Oral/dental □ NRM □ ABN (explain) Grade: □ 0 □ 1 □ 2 □]3					
Integument NRM ABN (explain)						

Physical Examination Record (cont'd) Pet Owner Last Name:
Musculoskeletal NRM ABN (explain)
Circulatory NRM ABN (explain)
Respiratory NRM ABN (explain)
Digestive/Rectal
□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)
Diagnostic Results or Pending Tests (including, but not limited to, any diagnostics recommended or completed):
· · · · · · · · · · · · · · · · · · ·
Plan/Recommendations (including, but not limited to, any diagnostics recommended or completed):
Are vaccinations up to date? Yes No
Veterinarian Name
Signature
Date of Evamination / /
Date of Examination/
Hospital Name
Phone Number Fax Number
Email

Mass/Lesion Chart

	1 1433/ =3	Civil Cildit	
Owner Name		Policy Number	
Pet Name		Date .	//
			_

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

Insurance products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2025 Nationwide. 25RET10496