

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 treatments. Document all clinical signs and symptoms with their duration, such as coughing, sneezing, vomiting, diarrhea, changes in urination, water consumption, appetite, weight loss, lameness (specify limb(s)), and behavioral or neurological changes.

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 ☐4

_____

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 Examination _____/_____/_____

Hospital Name _____

Phone Number _____ Fax Number _____

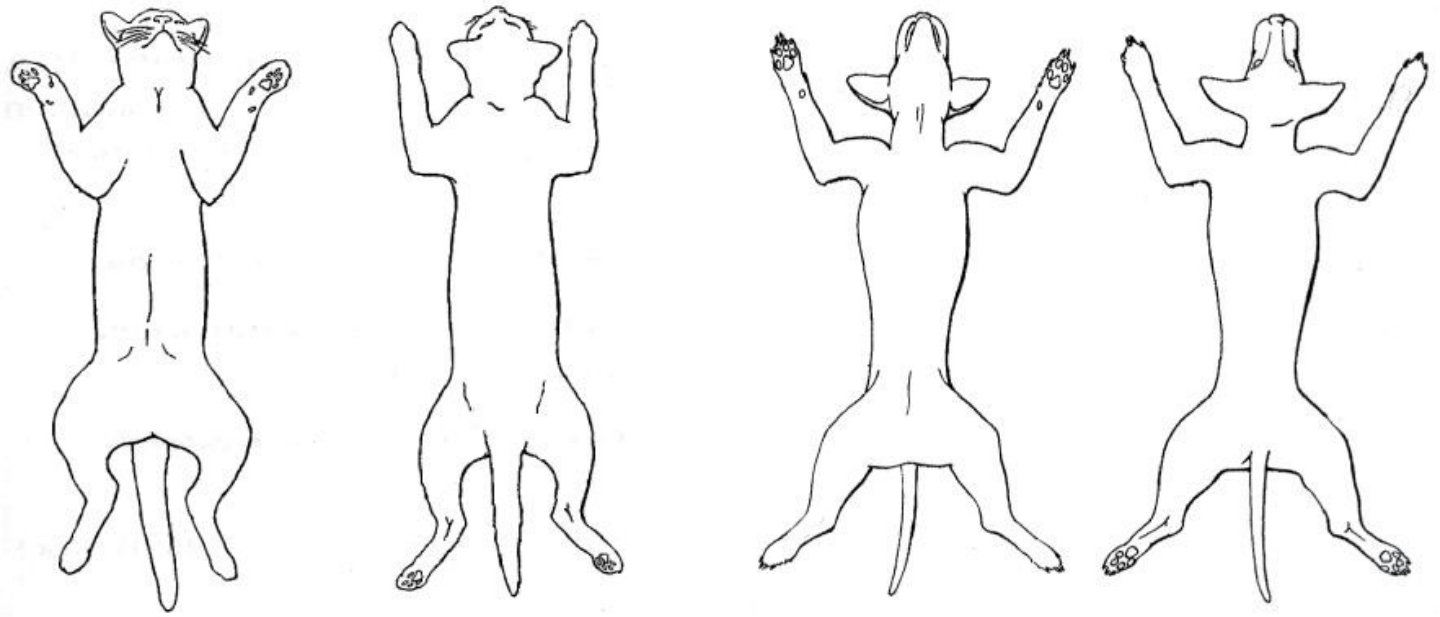
Email _____

 Pet Owner Last Name: _____

Mass/Lesion Chart

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