



Waiting Period Waiver Form

The waiting period for Illness and Congenital & Hereditary coverage (where applicable) may be eligible for waiver if your pet receives a full, in-person exam by a licensed veterinarian within 14 days of your policy effective date. The exam must include a documented review of all major body systems. You are responsible for any costs related to the exam.

To request a waiver of the waiting period, please submit this completed form with medical records from the exam described above, as well as medical records from all veterinarians who have treated your pet in the past 12 months.

Please note: Any conditions found during the exam or in the records submitted showing an onset prior to your policy effective date may be considered pre-existing and therefore excluded from coverage.

Policy number _____

Pet owner's last name _____ First name _____

Pet's name _____ Pet's date of birth _____

Sex M F Breed _____ Color(s) _____

Physical exam date and notes for above listed pet _____

Please read before signing: By signing this form, I confirm that all information provided in support of this waiver request is complete, true, and accurate to the best of my knowledge. I confirm that I have submitted comprehensive medical records from all licensed veterinarians who have treated my pet in the past 12 months. I understand that any misrepresentation or omission of information may result in the denial of this waiver request and/or cancellation of the associated policy.

Applicant name (print) _____

Signature _____ Date _____

Email: medicalrecords@petinsurance.com. Include policy number and "WVR" in the subject line.
Fax: 800-704-7002, Attention: WVR. Include pet's name and policy number on all pages.

If you have questions regarding this waiver request, please call 800-540-2016.