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: PO Box 2344, Brea, CA 92822

Direct Inquiries to DVM Insurance Agency • 714-989-0555 • 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 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) ______________________________

____

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 _____ /_____ /__________

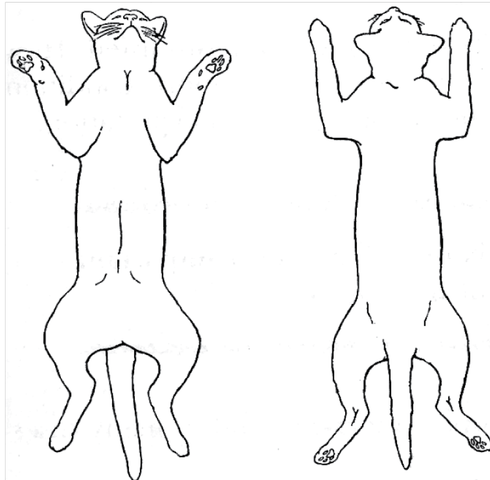
Hospital Name ____

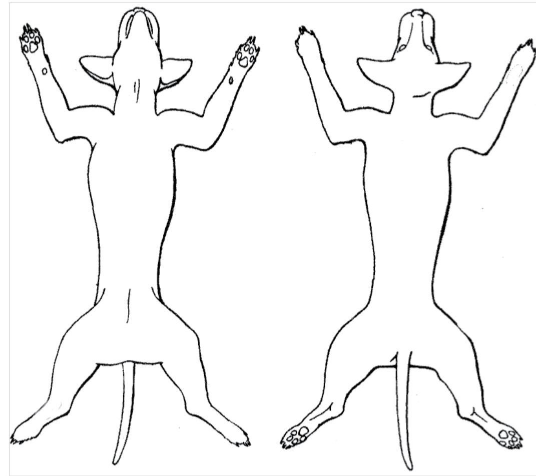
Phone Number (   ) ______________________ Fax Number (   ) ______________

Mass/Lesion Chart

Owner Name ______________________________ Policy Number ___________

Pet Name ______________________________ Date ___________





V D V D

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

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, vethelpline, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2022 Nationwide. 22RET8640