

Underwritten by:



# HappyTails

## CLINICAL EXAMINATION FORM

Statement under section 25(5) of Insurance Act, Cap. 142 (Or any future amendments to it)  
You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying.  
Otherwise, the insurance policy may not be valid.

After completing this form, please upload a scanned copy while purchasing Happy Tails pet insurance online. If you have already purchased your policy online, please email a scanned copy to plines@income.com.sg.

### PET PARENT'S INFORMATION

Pet Parent's Name \_\_\_\_\_

NRIC/FIN/Passport No. \_\_\_\_\_

### PET INFORMATION

Name of Pet \_\_\_\_\_

Microchip No. \_\_\_\_\_

Species Canine / Feline \_\_\_\_\_

Sex Male / Female \_\_\_\_\_

Age \_\_\_\_\_

Breed \_\_\_\_\_

Sterilized Yes / No \_\_\_\_\_

Vaccination status \_\_\_\_\_

Current Medication (if applicable) : \_\_\_\_\_

Medical History : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PHYSICAL EXAMINATION

Weight (kg) : \_\_\_\_\_

MM/CRT : \_\_\_\_\_

Body Condition Score (1-9) : \_\_\_\_\_

General Appearance : \_\_\_\_\_

Integument : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eyes, Ears, Nose, Throat (and mouth) : \_\_\_\_\_

Cardiovascular : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Respiratory :**

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**Nervous :**

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**Musculoskeletal :**

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**Abdomen**

**(gastrointestinal/genitourinary) :**

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**Peripheral Lymph Nodes :**

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**External Parasites :**

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**Additional Comments :**

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**BLOOD TESTS (Only applicable to Pet six years and older)**

**Complete Blood Count :**

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**Comprehensive Biochemistry :**

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**VETERINARY INFORMATION**

**Date of Examination :**

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**Clinic Name :**

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**Examined by :**

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**Clinic Address :**

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**Signature of vet :**

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**PET PARENTS DECLARATION**

I declare that the above answers are true, correct and complete and that I have not withheld any material facts, that is, facts likely to influence the assessment and acceptance of my Happy Tails pet insurance policy application and I agree that this Clinical Examination Form shall also form the basis of contract of insurance. I understand that my coverage under the Happy Tails pet insurance policy shall only be effective when it has been approved and accepted by Income Insurance Limited. ("Income").

I confirm that I understand and agree to the 'Personal Data Use Statement' set out in my Happy Tails pet insurance policy application form which I have submitted to Income. I understand that I can refer to Income's [Privacy Policy](http://www.income.com.sg/privacy-policy) (available at <http://www.income.com.sg/privacy-policy>) for more information, including access and correction of my personal data and consent withdrawal.

\_\_\_\_\_  
**Clinic Stamp**

\_\_\_\_\_  
**Signature of Pet Parent**

\_\_\_\_\_  
**Date**