

Exam and submittal date must be between: and

Pet Health Checklist

COMPLETION OF THIS FORM IS OPTIONAL

The conditions listed on this form have a one-year waiting period before coverage begins. To waive this waiting period, please have a veterinarian examine your pet and complete this form, and return it to us no later than.

| 1 PET AND POLICYHOLDI | ER DET | AILS | | Questions? Please call 1-877-738-7237. | |
|--|----------|---------|-----------------|--|--|
| Pet Name: | <u>P</u> | | | lumber: | |
| Gender: | Poli | | | cyholder: | |
| Species: | es: | | | Address: | |
| | | | | | |
| Breed: | | | | Email: | |
| Age: | Phone N | | | Number: | |
| 2 VETERINARIAN DECLAR | RATIO | N | | | |
| Please physically exam are present. No additional symptoms present? | | | | | |
| | | | | The state of the s | |
| Cruciate Ligament Injury | | | | | |
| Luxating Patella | | | | | |
| Portosystemic Shunt | | | | | |
| Elbow Dysplasia | | | | | |
| Hip Dysplasia Osteochondritis Dissecans | | | | | |
| | | | 46 | | |
| Cardiovascular Defects | | | | | |
| By my signature below, I attest that * Note: Exam date must be between | | t was e | xamined for the | e conditions listed above on/* | |
| Veterinarian Name (please print) Veterinary Clinic Name and Addre | ss (OR s | tamp): | | rian Signature Date | |
| 3 HOW TO SUBMIT THIS The completion of this form is option | | | xam and diagno | ostic fees are not included in the Accident & Illness plan coverage for you | |

If you choose to complete this form, it must be returned to us by.

pet. The exam must occur on or before and no sooner than.

If you choose not to complete this form, or if certain conditions are not assessed, coverage will be available for these conditions on your first annual renewal date as long as no signs or symptoms of the condition were present prior to this date. Conditions showing signs or symptoms will be considered to be pre-existing to the policy.







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