

MEDICAL REPORT

The Insured must obtain at his/her own expense the medical report from his/her Veterinarian.

TO BE COMPLETED BY ATTENDING VETERINARIAN

Name of Pet _____ Microchip No. _____

What is the cause of the injury / sickness?

Final Diagnosis

Nature and Extent of injury / sickness

Is the sickness due to breeding, spaying or neutering?

☐ Yes ☐ No

Is the sickness preventable by vaccines and/or prophylactic medicine?

☐ Yes ☐ No

Is the procedure cosmetic, preventive in nature?

☐ Yes ☐ No

Date when symptom first started _____ Approximate date of discovery of the injury/sickness _____

Details of presented symptoms, Nature and Date of Treatment rendered

Veterinarian previously consulted by the Pet for the above condition:

Name of Veterinarian	Date	Name of Clinic / Hospital	Address

Is the Pet still under your care for this condition?

☐ Yes ☐ No

Signature of Veterinarian

Name / Designation

Date

Name and Address of Clinic / Hospital