

# MEDICAL REPORT

(To be completed by the Attending Veterinarian at the Policyholder's expenses)

Name of Pet	Microchip No.
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1. What is the underlying cause of the injury or illness?

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2. Describe the nature and extent of injury or illness

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3. What is the final diagnosis?

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4. Is the condition related to breeding, spaying or neutering? ☐ Yes ☐ No

5. Is the condition preventable through vaccination or prophylactic medication? ☐ Yes ☐ No

6. Is the procedure cosmetic or preventive in nature? ☐ Yes ☐ No

7. Date when symptoms first started

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8. Approximate date when the injury or illness was first noticed

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9. Date of the pet's first consultation for this condition

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10. Provide details of symptoms, treatments administered, and corresponding dates

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11. Has the pet previously been treated by another veterinarian for this condition? ☐ Yes ☐ No

If yes, please complete the table below.

Name of Veterinarian	Date Consulted	Name of clinic/hospital	Address

12. Is the pet still under your care for this condition? ☐ Yes ☐ No

13. Please provide all relevant test reports related to the above condition.

Signature of Veterinarian \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_

Name and Address of Clinic  
(with official rubber stamp) \_\_\_\_\_

Date \_\_\_\_\_