

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?

2. Describe the nature and extent of injury or illness

3. What is the final diagnosis?

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

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

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

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

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 _____ Date _____
(with official rubber stamp)