

# HEALTH CHECKLIST



## TO BE COMPLETED BY MEMBER:

**YOUR PET'S NAME AND POLICY NUMBER:** \_\_\_\_\_

**HOW WAS YOUR PET ACQUIRED:** \_\_\_\_\_ **WHEN WAS YOUR PET ACQUIRED:** \_\_\_\_\_

**PHONE NUMBER OR EMAIL:** \_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_

*Please give name as it appears on policy documents*

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.**

I CONFIRM TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE IN EVERY RESPECT

SIGNATURE \_\_\_\_\_

DATE (mm/dd/yyyy) \_\_\_\_\_

## TO BE COMPLETED BY VETERINARIAN

**Eating:** Normal / Abnormal      **Drinking:** Normal / Abnormal      **Urination:** Normal / Abnormal

**Any:** Vomiting / Diarrhea / Coughing / Sneezing / None      **Vaccines Current:** No / Yes      **Weight:** \_\_\_\_kg/lbs      **BCS:** \_\_\_\_1-5/1-9

**Any history of:** Lameness / Cancer / Urinary / Gastrointestinal concerns / Heart Murmur      **Spay/Neuter:** No / Yes

**Existing Medical Conditions:** No / Yes (please list) \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Current Diet:** \_\_\_\_\_

**I declare that the information listed below is true and accurate to the best of my knowledge as per my examination of the pet and the answers provided to me by the pet's owner**

**Exam date:** \_\_\_\_\_ **Veterinarian and Clinic Name:** \_\_\_\_\_

**General Appearance:** Normal/Abnormal  
Initial date of signs & symptoms (not diagnosis): \_\_\_\_\_  
Comments: \_\_\_\_\_

**Mouth/Teeth/Oral Cavity:** Normal/Abnormal  
Initial date of signs & symptoms (not diagnosis): \_\_\_\_\_  
Comments: \_\_\_\_\_

**Eyes:** Normal/Abnormal  
Initial date of signs & symptoms (not diagnosis): \_\_\_\_\_  
Comments: \_\_\_\_\_

**Ears:** Normal/Abnormal  
Initial date of signs & symptoms (not diagnosis): \_\_\_\_\_  
Comments: \_\_\_\_\_

**Integumentary/Skin:** Normal/Abnormal  
Initial date of signs & symptoms (not diagnosis): \_\_\_\_\_  
Comments: \_\_\_\_\_

**Musculoskeletal:** Normal/Abnormal  
Initial date of signs & symptoms (not diagnosis): \_\_\_\_\_  
Comments: \_\_\_\_\_

**Cardiovascular/Circulatory:** Normal/Abnormal  
Initial date of signs & symptoms (not diagnosis): \_\_\_\_\_  
Comments: \_\_\_\_\_

**Respiratory:** Normal/Abnormal  
Initial date of signs & symptoms (not diagnosis): \_\_\_\_\_  
Comments: \_\_\_\_\_

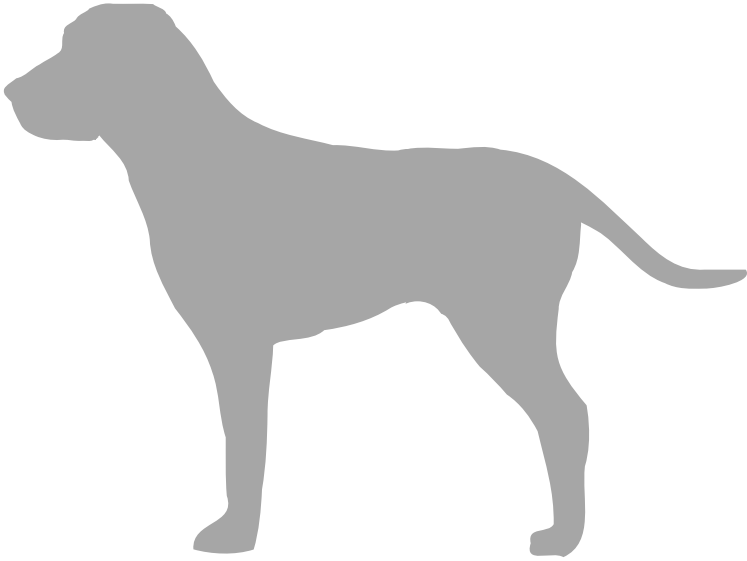
**Digestive:** Normal/Abnormal  
Initial date of signs & symptoms (not diagnosis): \_\_\_\_\_  
Comments: \_\_\_\_\_

**Urinary/Reproductive:** Normal/Abnormal  
Initial date of signs & symptoms (not diagnosis): \_\_\_\_\_  
Comments: \_\_\_\_\_

**Neurologic:** Normal/Abnormal  
Initial date of signs & symptoms (not diagnosis): \_\_\_\_\_  
Comments: \_\_\_\_\_

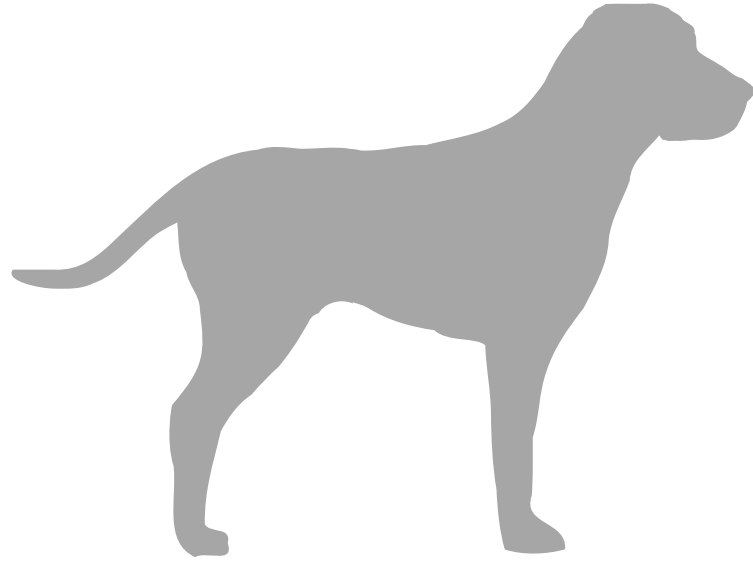
**Lumps/bumps/lymph/nodes:** Normal/Abnormal  
Initial date of signs & symptoms (not diagnosis): \_\_\_\_\_  
Comments: \_\_\_\_\_

Please use the body chart below to circle any abnormal areas or issues such as bumps, skin issues, lameness etc



**LEFT SIDE OF BODY**

Comments: \_\_\_\_\_  
\_\_\_\_\_



**RIGHT SIDE OF BODY**

Comments: \_\_\_\_\_  
\_\_\_\_\_

### **TIPS FOR MEMBER & VET**

- Underwriting checklist should be completed by your veterinarian during your next visit and submitted within the first 30 days of your policy start date
- All known diagnosis of existing issues must be provided. If a diagnosis is unknown, list the symptoms or signs observed
- If you are mailing this form and supporting documents, please keep a copy for your records. Local mailing times will vary.

### **SUBMIT YOUR FORM**

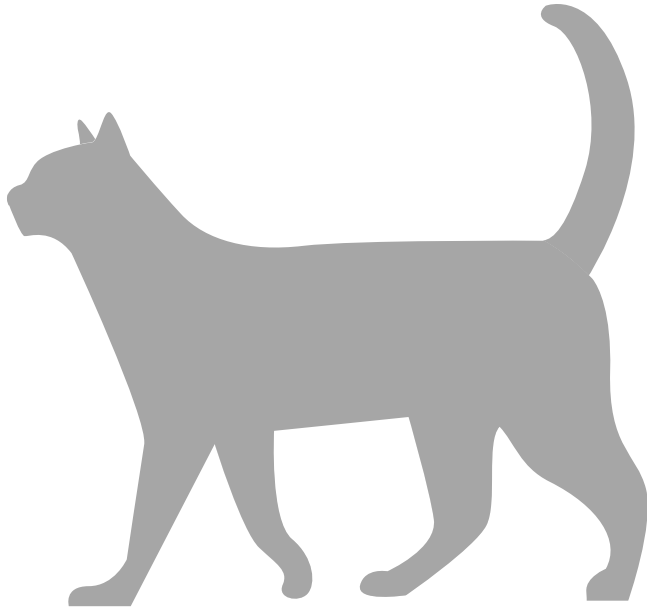
**1.** Take a picture with your mobile device or send a PDF file of your form and medical history/SOAP notes by email to **submissions@petsplusus.com**

**2. Mail to:** PTZ Insurance Service LTD  
710 Dorval Drive, Suite 400  
Oakville, Ontario L6K 3V7

**Send your checklist form and all relevant documents by one method only.**

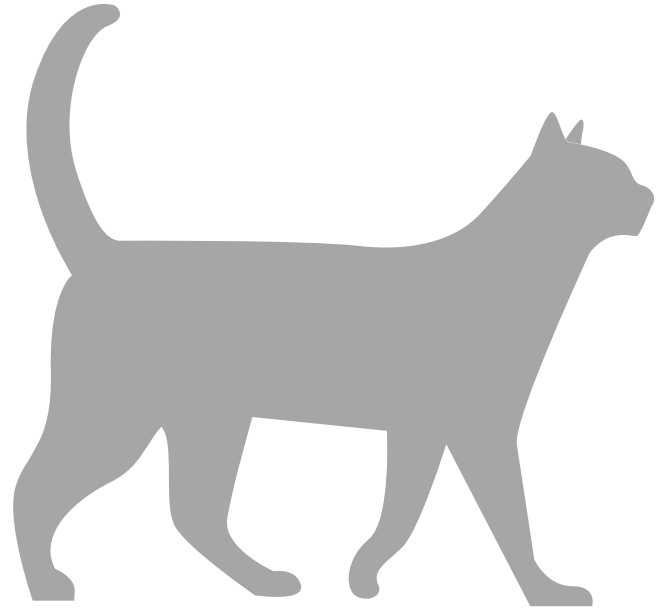
**If you have any questions regarding this form, call us at 1-800-364-8422 and we would be happy to help!**

Please use the body chart below to circle any abnormal areas or issues such as bumps, skin issues, lameness etc



**LEFT SIDE OF BODY**

Comments: \_\_\_\_\_



**RIGHT SIDE OF BODY**

Comments: \_\_\_\_\_

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