MEDICAL HISTORY & EXAMINATION

Odie®

1 **Ask Your Vet to Complete & Sign this Form**
Please have this form completed by your pet's primary vet. You are financially responsible to your vet for the payment of all fees and costs associated with processing this form.

2 **Submit By Email or Fax**
You or your vet can submit this form is by emailing us at support@odiepetinsurance.com or by faxing us at (530) 285-4258.

Owner Information

Name _____

Address _____

Phone _____

Email _____

Pet Information

Pet Name _____ DOB _____

Species _____ Breed _____

Sex _____ Spay/Neuter _____

Weight _____ Lbs ☐ Underweight ☐ Normal ☐ Overweight

Medical History
(Please check all that apply)

☐ Addison's Disease
☐ Allergies
☐ Arthritis
☐ Cancer
☐ Cruciate Ligament Tear(s): LF / RF / LR / RR
☐ Surgeries: _____

☐ Cushing's Disease
☐ Diabetes
☐ Ear Infections
☐ Feline Immunodeficiency Virus
☐ Feline Leukemia
☐ Other: _____

☐ Intestinal upset/ diarrhea
☐ Kidney Disease
☐ Periodontal Disease
☐ Skin mass, bumps, lumps
☐ Thyroid Condition
☐ Urinary Tract Infections

Medications *(Please list current medications the pet takes and the date prescribed.)*

Examination Report Card

Coat & Skin
☐ Normal ☐ Pigment ☐ Itchy
☐ Dry/Dull ☐ Lesion ☐ Matted
☐ Greasy ☐ Lumps ☐ Shedding
☐ Scaly ☐ Parasites ☐ Hair Loss

Eyes
☐ Normal ☐ Cataract: L / R
☐ Discharge: L / R ☐ Dry Eye(s): L / R
☐ Inflamed: L / R ☐ Ulcers/Les: L / R
☐ Infection: L / R ☐ Other: _____

Ears
☐ Normal ☐ Debris: L / R
☐ Inflamed: L / R ☐ Excessive Hair
☐ Yeast Inf: L / R ☐ Itchy
☐ Bacterial Inf: L / R ☐ Mites
☐ Other: _____

Nose & Throat
☐ Normal ☐ Inflamed Tonsils
☐ Nasal Discharge ☐ Enlarged Glands
☐ Inflamed Throat ☐ Other: _____

Mouth & Gums
☐ Normal ☐ Gingivitis
☐ Broken Tooth ☐ Ulcers/Lesions
☐ Loose Tooth ☐ Pyorrhea (pus)
☐ Tartar: Major ☐ ☐ Stain
Mod ☐ Minor ☐

Abdomen
☐ Normal ☐ Abnormal Mass
☐ Enlarged organs ☐ Tense/Painful
☐ Fluid ☐ Other: _____

Lungs
☐ Normal ☐ Breathing Difficulty
☐ Abnormal Sound ☐ Rapid Respiration
☐ Coughing ☐ Other: _____
☐ Congestion

Gastrointestinal
☐ Normal ☐ Abnormal Feces
☐ Excessive Gas ☐ Parasite
☐ Vomiting ☐ Diarrhea
☐ Anorexia ☐ Other: _____

Urogenital System
☐ Normal ☐ Recommend Neut.
☐ Abnormal Urination ☐ Mammary Tumors
☐ Genital Discharge ☐ Anal Sacs
☐ Abnormal Testicles ☐ Enlarged Prostate

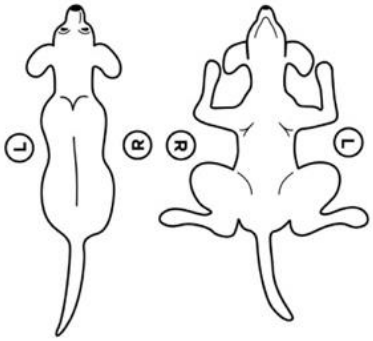
Musculoskeletal
☐ Appears Normal ☐ Lameness: LF / RF / LR / RR
☐ Pain on palpation

Heart
☐ Normal ☐ Arrhythmia
☐ Murmur ☐ Other: _____

Comments:

Canine

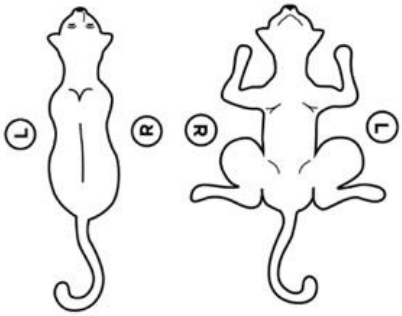
Vaccinations	Given Today? Due Date
Corona/Parvo	☐ _____
Bordetella	☐ _____
Lyme	☐ _____
DHLP-P	☐ _____
Rabies	☐ _____
Other	☐ _____



Feline

Vaccinations	Given Today? Due Date
FVRCP	☐ _____
FeLV	☐ _____
FIP	☐ _____
Rabies	☐ _____
Other	☐ _____

Leukemia/Aids Test: ☐ Negative ☐ Positive ☐ Recommended



Canine/Feline

Heartworm Test
☐ Negative
☐ Positive
☐ Recommended

Heartworm Refill
☐ Pill / Injection
☐ No

Intestinal Parasite Test
☐ Negative
☐ Positive
☐ Recommended

Flea Control
☐ Pet
☐ House
☐ Yard

Diagnosis / Explanation

Recommendations

Veterinarian Declaration

I certify with my signature that the aforementioned pet has been examined by me, a licensed veterinarian, for the purposes of insurance and the above information provided is accurate to the best of my knowledge.

Veterinarian Signature _____ Exam Date _____

Vet Hospital _____ Phone _____

Address _____ Email _____

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or denial of insurance benefits.