PHYSICAL EXAM QUESTIONNAIRE

PETS US®
a pet owner's best friend

To be completed by Members:

YOUR POLICY NUMBER: _____

YOUR PET'S NAME: _____

YOUR NAME: _____

PHONE NUMBER: ( ) _____

EMAIL: _____

Notice: The information collected on this form about you and your pet and otherwise in respect of this claim is required by Pets Plus Us, a division of PTZ Insurance Services Ltd. for insurance purposes, including to evaluate and, if approved, process payment of your claim. By providing your email address, you specifically provide us with consent to communicate with you by email for pet insurance purposes.

Declaration: I declare that all details provided in this reimbursement request are true and accurate. I further authorize my attending veterinarian, upon request, to release my pet's medical records to Pets Plus Us, a division of PTZ Insurance Services Ltd. pet health insurance representatives.

SIGNATURE _____ **DATE** (mm/dd/yyyy) _____

To be completed by the Veterinarian providing care:

Physical Exam: Please circle either "N" for Normal or "Abn" for Abnormal or outside normal expectations. If neither is marked, it is assumed that area was not examined and will be temporarily excluded.

Eyes:	☐ N	☐ Abn	Skin/Haircoat:	☐ N	☐ Abn	Neuro:	☐ N	☐ Abn	Heart Rate: _____		
Ears:	☐ N	☐ Abn	Colour/MM:	☐ N	☐ Abn	Musculoskeletal:	☐ N	☐ Abn	Resp.: _____		
Nose:	☐ N	☐ Abn	Cardiovascular:	☐ N	☐ Abn	Uro-genital:	☐ N	☐ Abn	Weight: _____		
Throat:	☐ N	☐ Abn	Respiratory:	☐ N	☐ Abn	Lymph:	☐ N	☐ Abn	Appearance/Body Condition: 1 2 3 4 5		
Teeth:	☐ N	☐ Abn	Gastrointestinal:	☐ N	☐ Abn	Body Temp.:	☐ N	☐ Abn			

PLEASE PROVIDE ADDITIONAL INFORMATION ABOUT ANY ABNORMAL FINDINGS NOTED ABOVE. THIS INFORMATION MAY INCLUDE PHYSICAL FINDINGS, SYMPTOMS, CLINICAL SIGNS, OR ACTUAL DIAGNOSIS(ES).

_____

_____

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

_____

NAME OF ATTENDING VETERINARIAN (PLEASE PRINT)

_____

SIGNATURE

_____

DATE (mm/dd/yyyy)

PRACTICE STAMP:

Three ways to return the completed questionnaire:
Fax: 1-855-456-7387 – No cover sheet required.
Email: submissions@petsplusus.com (PDF or JPEG file)
Mail to: Pets Plus Us, 2-1115 North Service Rd. W., Oakville, ON L6M 2V9

Questions? Call 1-800-364-8422

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