Waiting Period Health Assessment Form

PART ONE – PET OWNER/POLICYHOLDER TO COMPLETE

Instructions:

1. Complete and sign Part One of this form.
2. Arrange for a Health Assessment Exam up to 3 days before or within 7 days after your initial policy effective date.
3. Have your veterinarian complete and sign Part Two of this form during your pet's Health Assessment Exam.
4. Submit this completed 3-page form to us at forms@customer.spotpetins.com within 30 calendar days of the Health Assessment Exam.

In order for us to modify the waiting period, you must meet each of the following requirements:

1. A qualifying exam of your pet by a veterinarian that includes an assessment of all body systems and parts;
2. the results of the exam need to be documented at the time of exam on this Waiting Period Health Assessment Form;
3. the qualifying exam must occur within 3 days prior to or 7 days after your initial policy effective date; and
4. the Waiting Period Health Assessment form must be provided to us at forms@customer.spotpetins.com within 30 calendar days of your qualifying exam.

If the Waiting Period Health Assessment requirements are met, the waiting period will be waived to either the policy period effective date or the day after the qualifying exam, whichever is later. This waiver does not alter the pre-existing conditions exclusion. **Please refer to your policy for information about waiting periods.**

Your Name: _____ Phone: _____ Email: _____

Pet's Name: _____ Pet's Breed: _____ Pet's Age: _____ ☐ Cat ☐ Dog

1. Is your pet currently sick or injured, or did they recently experience an accident, display clinical signs or symptoms, or receive treatment from a veterinarian for any reason? ☐ Yes ☐ No If yes, describe: _____

_____

2. Is your pet currently on any medication, supplements or prescription food? ☐ Yes ☐ No If yes, describe: _____

_____

3. Has your pet ever been sick, injured or treated by a veterinarian in the past? ☐ Yes ☐ No If yes, describe: _____

_____

4. Has your pet been seen by any veterinarian other than the one conducting this exam? ☐ Yes ☐ No If yes, who and when: _____

You certify that you did not make a misrepresentation to us which includes a statement that is false, partially false, or which does not fairly reflect the truth. You understand that if you did, we may deny your request to modify the waiting period. You authorize any veterinarian who has ever seen or treated your pet to provide all medical records as may require. 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 or a denial of insurance benefits.

Your Name: _____ Date: _____

PART TWO – VETERINARIAN TO COMPLETE DURING EXAM

This form must be completed on the same day as the health assessment exam, by the Veterinarian who performed the exam.

Pet Name: _____ Veterinarian's Name and Clinic/Hospital Name: _____

Pet Breed: _____ _____

Pet Species: _____ Clinic/Hospital Address: _____

Body Condition Score (1-9):_____/9 Clinic/Hospital Phone: _____

Pet Age: ____ Date of Exam: _____ Clinic/Hospital Email: _____

Does this pet have a diagnosis, clinical signs or symptoms associated with any of the following conditions? Please answer the following based on your comprehensive, in-person physical examination and assessment:

	CONFIRMED This pet has a confirmed diagnosis either past or present	**POSSIBLE** This pet has possible signs or symptoms, but no confirmed diagnosis	**NO**
Addison's Disease (Hypoadrenocorticism)	☐	☐	☐
Allergies	☐	☐	☐
Arthritis/Degenerative Joint Disease (DJD)	☐	☐	☐
Brachycephalic Airway Syndrome (BOAS)	☐	☐	☐
Cancer	☐	☐	☐
Chronic Renal Failure/Kidney Disease	☐	☐	☐
Chronic Pancreatitis	☐	☐	☐
Chronic Valvular Disease or Structural Heart Disease	☐	☐	☐
Cushing's Disease (Hyperadrenocorticism)	☐	☐	☐
Degenerative Myelopathy	☐	☐	☐
Dental Disease: Periodontal, Stomatitis, Tooth Resorption	☐	☐	☐
Diabetes Mellitus (DM)	☐	☐	☐
Hyperthyroidism/ Hypothyroidism	☐	☐	☐
Hypertrophic Cardiomyopathy (HCM)	☐	☐	☐
Inflammatory Bowel Disease (IBD) /Chronic Enteropathy	☐	☐	☐
Immune Mediated Thrombocytopenia	☐	☐	☐
Intervertebral Disc Disease (IVDD)	☐	☐	☐
Ligament and Knee Conditions (CCL/MPL)	☐	☐	☐
Megaesophagus	☐	☐	☐
Wobbler's Syndrome	☐	☐	☐
Other: Does this pet have any clinical signs, symptoms or diagnosis of ANY other condition(s) not listed above?			☐
If Yes - please describe the condition(s), clinical signs or symptoms and when they began:			

PART TWO – VETERINARIAN TO COMPLETE DURING EXAM

This form must be completed on the same day as the health assessment exam, by the Veterinarian who performed the exam.

Please select either normal or abnormal, and if abnormal describe.		
	NORMAL	**ABNORMAL/ PROBLEM**
Eyes *(if abnormal, describe):*	☐	☐
Ears *(if abnormal, describe):*	☐	☐
Skin *(if abnormal, describe):*	☐	☐
Allergies *(if this pet has allergies, to what/which kind?)*	☐	☐
Lumps, bumps, growths, lymph nodes *(if abnormal, describe type and location):*	☐	☐
Teeth and gums *(if dental disease is present, what grade?)*	☐	☐
Brachycephalic conformation — If pet is Brachycephalic, select abnormal *(if abnormal, does the pet have any breathing or digestive problems or has surgery been recommended or performed?)*	☐	☐
Respiratory *(if abnormal, describe):*	☐	☐
Cardiovascular *(if abnormal, describe; if a murmur is present, what grade):*	☐	☐
Neurological *(if abnormal, describe):*	☐	☐
Cruciate ligaments, knees *(if there is laxity, pain or limping, which leg(s)?):*	☐	☐
Luxating patella *(if there is luxation, which leg(s) and what grade?):*	☐	☐
Orthopedic – joints, extremities (*if abnormal, describe and indicate which area(s)/joint(s)):*	☐	☐
Orthopedic – back, neck, spine *(if abnormal, describe and indicate location):*	☐	☐
Orthopedic - hips *(if abnormal, describe):*	☐	☐

I certify that I've taken reasonable care not to make a misrepresentation and the answers and statements made in this form and any supporting documentation has been answered honestly, accurately and to the best of my knowledge based on a physical examination personally performed by me. 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, or a denial of insurance benefits.

Veterinarian Printed Name: _____ Veterinarian Signature: _____ Date: _____