

Dog Cat

Application requested by	<input type="checkbox"/> Owner <input type="checkbox"/> Folksam <input type="checkbox"/> Someone else						Who?		Purpose	
							<input type="checkbox"/> Insurance		<input type="checkbox"/> Sale/Transfer new owner	
Owner details	Surname, firstname						Insurancenumber			
	Residential address				Country		Postcode			
Animal details	Name			Date of birth		Sex		Neutered		
	Breed			ID/Chip/Regi.		<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Colour				Special markings					
Clinical observations	1 General condition	2 Temperament	3 Skin, haircoat	4 Palpable lymph nodes	5 Eyes		6 Ears		7 Mouth cavity, teeth and throat	
	<input type="checkbox"/> Good	<input type="checkbox"/> Reserved	<input type="checkbox"/> Normal	<input type="checkbox"/> Generally enlarged	Conjunctivitis		<input type="checkbox"/> Red		<input type="checkbox"/> Normal	
	<input type="checkbox"/> Poor	<input type="checkbox"/> Quiet	<input type="checkbox"/> Red	<input type="checkbox"/> Locally enlarged	<input type="checkbox"/> L <input type="checkbox"/> R		Otitis		<input type="checkbox"/> Calculus	
	<input type="checkbox"/> Overweight	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Rash	<input type="checkbox"/> Normal	Entropion		<input type="checkbox"/> L <input type="checkbox"/> R		<input type="checkbox"/> Fractured tooth/teeth	
	<input type="checkbox"/> Emaciated	<input type="checkbox"/> Normal	<input type="checkbox"/> Papules	<input type="checkbox"/> Other	Ectropion		<input type="checkbox"/> Acute		<input type="checkbox"/> Gingivitis	
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Pustules		<input type="checkbox"/> L <input type="checkbox"/> R		<input type="checkbox"/> Chronic		<input type="checkbox"/> Tonsillitis	
			<input type="checkbox"/> Tumours		Mucous membranes not normal		<input type="checkbox"/> Swollen		<input type="checkbox"/> Bite abnormality	
			<input type="checkbox"/> Sores		Mucous membranes normal		<input type="checkbox"/> Exudate		<input type="checkbox"/> Malocclusion	
			<input type="checkbox"/> Hair loss		<input type="checkbox"/> Normal		<input type="checkbox"/> Normal		<input type="checkbox"/> Other	
			<input type="checkbox"/> Dandruff		<input type="checkbox"/> Other		<input type="checkbox"/> Other			
			<input type="checkbox"/> Parasite infection							
			<input type="checkbox"/> Infection							
			<input type="checkbox"/> Other							
8 Abdominal organs, palpation, and rectal examination		9 Circulatory system	10 Respiratory system	11 Reproductive system	12 Musculature, tendons, paws, and claws		13 Skeletal system, ligaments, and manipulation of joints			
<input type="checkbox"/> Umbilical hernia		<input type="checkbox"/> Heart murmur	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Well muscled		Discomfort on flexing		Discomfort on stretching	
<input type="checkbox"/> Tenderness on palpation		Signs of heart insufficiency	<input type="checkbox"/> Pos, cough reflex	<input type="checkbox"/> Normal Cryptorchid	<input type="checkbox"/> General atrophy		<input type="checkbox"/> shoulder		<input type="checkbox"/> shoulder	
<input type="checkbox"/> Prostate enlarged		<input type="checkbox"/> Normal	<input type="checkbox"/> Spontaneous coughing	<input type="checkbox"/> Abnormal testicle size I.r.	<input type="checkbox"/> Local atrophy		<input type="checkbox"/> elbow		<input type="checkbox"/> elbow	
<input type="checkbox"/> No rectal examination		<input type="checkbox"/> Other	<input type="checkbox"/> Nasal discharge	<input type="checkbox"/> Testicle tumour(s)	<input type="checkbox"/> Tenderness in paws		<input type="checkbox"/> knee		<input type="checkbox"/> knee	
<input type="checkbox"/> Normal			<input type="checkbox"/> Abnormal sounds on auscultation	<input type="checkbox"/> Preputial discharge	<input type="checkbox"/> Claw discomfort		<input type="checkbox"/> hip		<input type="checkbox"/> hip	
<input type="checkbox"/> Inguinal hernia			<input type="checkbox"/> Normal breathing	<input type="checkbox"/> Vaginal discharge	Lame		<input type="checkbox"/> other joints		<input type="checkbox"/> other joints	
<input type="checkbox"/> Other			<input type="checkbox"/> Abnormal breathing	<input type="checkbox"/> Mammary tumour(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Tenderness on palpations of spine		Patellar luxation	
			<input type="checkbox"/> Other	<input type="checkbox"/> False pregnancy	<input type="checkbox"/> Pododermatitis		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Other	<input type="checkbox"/> Furunculosis		<input type="checkbox"/> Normal		Kinked tail	
					<input type="checkbox"/> Other		<input type="checkbox"/> Normal		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Explanation of the above comments:										

	Animal currently on medical treatment:	
	To the best of the signatory's knowledge, the animal has previously undergone examination or/treatment for:	

	By X-ray, ECG, ultrasound, or had a comprehensive eye examination. Results:	
	General impression/comments	
Signature	Place and date	Veterinary surgeon's signature
	Veterinary surgeon's name	
	Veterinary surgeon's adress	Country