

Underwritten by



Arranged by:



# HappyTails

## CLINICAL EXAMINATION FORM

The Insurance Act: In this Clinical Examination Form, you are required to disclose fully and faithfully all the facts you know or ought to know in respect of the risk that is proposed; otherwise, the Policy issued hereunder may be void.

### PET PARENT'S INFORMATION

Pet Parent's Name \_\_\_\_\_

NRIC/FIN/Passport No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Residential Address \_\_\_\_\_

Postal Code \_\_\_\_\_

### PET INFORMATION

Name of Pet \_\_\_\_\_

Microchip No. \_\_\_\_\_

Species \_\_\_\_\_

Canine / Feline

Sex \_\_\_\_\_

Male / Female

Age \_\_\_\_\_

Breed \_\_\_\_\_

Sterilized \_\_\_\_\_

Yes / No

Vaccination status \_\_\_\_\_

Current Medication (if applicable) : \_\_\_\_\_

Medical History : \_\_\_\_\_

### PHYSICAL EXAMINATION

Weight (kg) : \_\_\_\_\_

MM/CRT : \_\_\_\_\_

Body Condition Score (1-9) : \_\_\_\_\_

General Appearance : \_\_\_\_\_

Integument : \_\_\_\_\_

Eyes, Ears, Nose, Throat (and mouth) : \_\_\_\_\_

Cardiovascular : \_\_\_\_\_

Respiratory : \_\_\_\_\_

Nervous : \_\_\_\_\_

**Musculoskeletal :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Abdomen  
(gastrointestinal/genitourinary) :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Peripheral Lymph Nodes :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**External Parasites :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BLOOD TESTS (Only applicable to Pet six years and older)**

**Complete Blood Count :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comprehensive Biochemistry :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VETERINARY INFORMATION**

**Date of Examination :** \_\_\_\_\_

**Clinic Name :** \_\_\_\_\_

**Examined by :** \_\_\_\_\_

**Clinic Address :** \_\_\_\_\_

**Signature of vet :** \_\_\_\_\_

\_\_\_\_\_

**PET PARENTS DECLARATION**

I declare that the above answers are true and complete and that I have not withheld any material facts, that is, facts likely to influence the assessment and acceptance of this application and I agree that this Clinical Examination Form shall form the basis of contract of insurance. I understand that my coverage under this Policy shall only be effective when it has been approved and accepted by MSIG Insurance (Singapore) Pte. Ltd. ("MSIG").

I understand and accept that my personal particulars will be collected, used and disclosed by MSIG in accordance with the Personal Data Protection Act 2012 and MSIG's Privacy Policy, for the provision of all services related to, and protection under, this insurance policy, including for proper servicing, underwriting and claims administration. MSIG may disclose my personal particulars to its business partners and third party service providers for these purposes. MSIG may also send me marketing mailers by post or emails. The full MSIG's Privacy Policy can be found at [www.msig.com.sg](http://www.msig.com.sg).

\_\_\_\_\_  
**Clinic Stamp**

\_\_\_\_\_  
**Signature of Pet Parent**

\_\_\_\_\_  
**Date**