

Insurance number - 10 digits

Application requested by

Owner Svedea

Purpose

Insurance Sale/transfer new owner

Animal owner

First name

Surname

Phone number

E-mail

Country

Animal details

Dog Cat

Name

Date of birth (year-month-day)

Sex

Female Male

Neutered

Breed

ID-/Registration number

Yes No

Colour and/or special markings

Clinical observations

1. General condition

Good Poor Overweight Emaciated Other Without remark

2. Temperament

Reserved Aggressive Other Without remark

3. Skin, haircoat and paws

Rash Dandruff Parasite infestation Itching Change of paws/claws Other Without remark

4. Palpable lymph nodes

Generally enlarged Local enlarged Other Without remark

5. Eyes

Conjunctivitis

L R

Entropion

L R

Ektropion

L R

Corneal injuries

L R Other Without remark

6. Ears

Otitis

L R Other Without remark

7. Mouth cavity teeth and throat

Calculus Fractured tooth/teeth Gingivitis Malocclusion Pharynx not examined Other Without remark

8. Abdominal organs, palpation and rectal examination

Umbilical hernia Inguinal hernia Prostate enlarged No rectal examination Other Without remark

9. Circulatory system

Heart murmur Signs of heart insufficiency Other Without remark

10. Respiratory system

Nasal discharge Abnormal sounds on auscultation. Abnormal breathing Pos cough reflex Other Without remark

11. External genital organs

Cryptorchid Abnormal testicle size l. r. Vaginal discharge Mammary tumour(s) To young for final examination of testicular status Other Without remark

12. Locomotive organ

Lameness Muscular Atrophy Motion disorder Other Without remark

Tenderness when flexing:

Shoulder: L R Elbow: L R Knee: L R Hip: L R Other joints: L R

Tenderness on palpation of spine:

Yes No Patellaluxation: Yes No Hooktail: Yes No To young for final examination of patellar status Other Without remark

Explanation for the clinical observations:

Animal currently on medical treatment?

By X-ray, ECG, ultrasound, or had a comprehensive eye examination?

Yes No If Yes, results

Signature

Place and date

Veterinary surgeon's signature

Printed name

Clinic Address, telephone

Please, send the the Veterinary Certificate sent to:

Svedea AB
Box 3489
103 69 Stockholm

0771-160 190
djurskador@svedea.se
svedea.se