

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

