

Försäkringsaktiebolaget Agria (publ), Zweigniederlassung Deutschland
Klaus-Bungert Straße 5
40468 Düsseldorf

Tel: 0211 88 230 820

Dear Veterinarian,

Please complete this form fully and carefully. Your information is used for accurate risk assessment and thus for fair premium calculation for all insured parties.

Note for imported pets:

This form is intended to transparently document the health status of pets imported from abroad at the time the insurance policy is taken out.

Thank you very much for your cooperation!

Please note that the costs for the examination and issuance of the certificate are to be paid by the pet owner.

Owner details	Surname, First name		Insurance number		Date of departure to Germany
Animal details	Pet name		Date of birth	Sex ☐ female ☐ male	Neutered ☐ Yes ☐ No
	Breed		Species ☐ Dog ☐ Cat	Weight kg	Chip number
Current clinical examination	Nutritional status	General condition	Skin & Coat	Palpable lymph nodes	Eyes
	☐ Good ☐ Obese ☐ Cachectic	☐ Normal ☐ Poor	☐ WNL ☐ Dermatitis ☐ Skin lesion(s) ☐ Alopecia ☐ Parasites ☐ Tumor ☐ Injuries ☐ Other*	☐ WNL ☐ Enlarged* ☐ Other*	☐ WNL ☐ Conjunctivitis ☐ L ☐ R ☐ Entropion ☐ L ☐ R ☐ Ectropion ☐ L ☐ R ☐ Other*
	Ears		Oral cavity, teeth and pharynx		Circulatory system
	☐ WNL ☐ Parasites ☐ Otitis ☐ L ☐ R ☐ Acute ☐ Chronic	☐ Other*	☐ WNL ☐ Tooth fracture ☐ Gingivitis ☐ Malocclusion ☐ Malposition	☐ Tartar ☐ mild ☐ severe ☐ Tonsillitis ☐ Other*	☐ WNL ☐ Signs of heart failure ☐ Other*

	Palpation of abdomen & prostate	Respiratory system	Musculoskeletal system	Reproductive system
	☐ WNL ☐ Umbilical hernia ☐ Inguinal hernia ☐ Tenderness* ☐ Prostate* ☐ Other*	☐ WNL ☐ Positive cough reflex ☐ Cough ☐ Nasal discharge ☐ Stridor ☐ Auscultatory findings* ☐ Other*	☐ WNL ☐ Atrophy ☐ Pododermatitis ☐ Furunculosis ☐ Lameness* ☐ Flexion pain* ☐ Vertebral tenderness ☐ Patellar luxation ☐ L ☐ R ☐ Kinked tail ☐ Other*	☐ WNL ☐ Cryptorchidism ☐ L ☐ R ☐ Testicular tumor ☐ Preputial discharge ☐ Mammary tumor ☐ Pseudo-pregnancy ☐ Other*
Further details regarding the above findings, essential if marked with an asterisk (*).				
The animal is currently undergoing veterinary treatment: ☐ Yes ☐ No	This animal has already been treated at this practice: ☐ Yes ☒ No If yes, have imaging diagnostics been used? ☐ Yes ☐ No		The following findings have been established so far: 	
Date 	Name of the veterinarian and veterinary practice 		Stamp of practice or clinic Not required for digital submission by email from the veterinary practice.	
Signature of the veterinarian Also possible in digital form.				

WNL = Within normal limits
 * Further information required