

Happy Tails Clinical Examination Form

Important notice

- By submitting this clinical examination form, it does not mean that your Happy Tails Insurance application has been approved. We will review your application and revert to you on the outcome.
- For pets above 6 years old, please submit the blood test report together with this form.
- Please do not leave any section blank.

Policy number: (For official use)	
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Statement under section 25(5) of Insurance Act, Cap. 142 (Or any future amendments to it). You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying. Otherwise, the insurance policy may not be valid.

After completing this form, please upload a scanned copy while purchasing Happy Tails pet insurance online. If you have already purchased your policy online, please email a scanned copy to plines@income.com.sg.

Policyholder/ Pet Parent's Information

Name (as shown in NRIC or FIN)	NRIC or FIN number
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Pet Information

Name of Pet	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Species <input type="checkbox"/> Feline <input type="checkbox"/> Canine	Sterilized <input type="checkbox"/> Yes <input type="checkbox"/> No
Microchip Number	Breed Type	Age	Vaccination Status
Current Medication (if applicable):		Medical History: <i>* If the medical condition has fully recovered, please indicate as fully recovered.</i>	

Physical Examination of Pet

Weight (kg):	MM/CRT:	Body Condition Score (1-9):
General Appearance: 		Integument: <input type="checkbox"/> NAD: <input type="checkbox"/> Others (please elaborate):
Eyes, Ears, Nose, Throat (and mouth): <input type="checkbox"/> NAD: <input type="checkbox"/> Others (please elaborate):		Cardiovascular: <input type="checkbox"/> NAD: <input type="checkbox"/> Others (please elaborate):
Respiratory: <input type="checkbox"/> NAD: <input type="checkbox"/> Others (please elaborate):		Nervous: <input type="checkbox"/> NAD: <input type="checkbox"/> Others (please elaborate):

Musculoskeletal: <input type="checkbox"/> NAD: <input type="checkbox"/> Others (please elaborate):	Abdomen (gastrointestinal/genitourinary): <input type="checkbox"/> NAD: <input type="checkbox"/> Others (please elaborate):
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Peripheral Lymph Nodes: <input type="checkbox"/> NAD: <input type="checkbox"/> Others (please elaborate):	External Parasites: <input type="checkbox"/> NAD: <input type="checkbox"/> Others (please elaborate):
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Additional Comments:

Blood Tests (For pets above 6 years old, please submit the blood test report together with this form)

Complete Blood Count:	Comprehensive Biochemistry:
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Veterinary Information

Date of Examination:	Clinic Name:
Examined by:	Clinic Address:
Signature of vet:	

Policyholder / Pet Parent's Declaration

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

I confirm that I understand and agree to the 'Personal Data Use Statement' set out in my Happy Tails pet insurance policy application form which I have submitted to Income Insurance. I understand that I can refer to Income Insurance's [Privacy Policy](http://www.income.com.sg/privacy-policy) (available at <http://www.income.com.sg/privacy-policy>) for more information, including access and correction of my personal data and consent withdrawal.

Signature of Pet Parent: _____ **Date (dd/mm/yyyy):** _____