

Lemonade Waiver of Waiting Periods

Your policy provides the option to waive its waiting periods for illnesses and orthopedic conditions. This form must be completed in its entirety by a licensed veterinarian during an in-person physical examination that takes place after the start date of your policy. To be valid, this form must be signed and submitted to us within 2 days of the exam.

Pet Name: _____

Policy Number: _____

Pet History

Pet's Date of Birth _____

Breed _____

Gender _____

Spayed/Neutered ☐ Yes ☐ No

Up-to-date on
vaccinations ☐ Yes ☐ No

Current Medications _____

Physical Exam Findings

Please document the results of the exam below, documenting any abnormalities present in the following areas:

General Appearance ☐ Normal
☐ Abnormal

Skin & Coat ☐ Normal
☐ Abnormal

Orthopedic ☐ Normal
☐ Abnormal

Digestive ☐ Normal
☐ Abnormal

Urogenital ☐ Normal
☐ Abnormal

Eyes & Ears ☐ Normal
☐ Abnormal

Circulatory

- ☐ Normal
- ☐ Abnormal

Nervous System

- ☐ Normal
- ☐ Abnormal

Respiratory

- ☐ Normal
- ☐ Abnormal

Oral & Dental

- ☐ Normal
- ☐ Abnormal

Please detail any abnormalities noted above:

Did you observe any masses or lesions?

☐ Yes ☐ No

Details and location:

Date of Exam _____

Name of Clinic or Hospital _____

Clinic Phone Number _____

Clinic Email Address _____

Veterinarian Name _____

By signing, I certify that the above exam was conducted and all findings were properly identified above.

Veterinarian Signature _____

To submit: Email the completed form and any records provided from this exam to waitingperiods@lemonade.com