

Pet insurance: Prepare for your quote

Usdan Institute
for Animal
Health Education

AMC
SINCE 1910
ANIMAL MEDICAL CENTER

amcnny.org/usdaninstitute

Save time by gathering the information you'll
need when applying for quotes online or by phone.

Keep this completed sheet with you as a reference when you apply!

1. PET'S NAME: _____

2. DATE OF BIRTH: / /

3. AGE: _____

4. SEX: Male Female

5. TYPE OF PET: Dog Cat Exotic

6. IS YOUR PET PUREBRED OR MIXED BREED? Purebred Mixed

7. PET'S BREED: _____

8. IS YOUR PET SPAYED OR NEUTERED? Yes No

9. DOES YOUR PET HAVE ANY PRE-EXISTING CONDITIONS? Yes No

If yes, list _____

10. DOES YOUR PET HAVE A MICROCHIP? Yes No

If yes, microchip number: _____

**11. HAS YOUR PET HAD A VETERINARY EXAM
IN THE PAST 12 MONTHS?** Yes No

12. WHAT TYPE OF COVERAGE ARE YOU SEEKING?

Emergency-only Complete Wellness/Preventive Care

13. WHAT IS YOUR MONTHLY BUDGET?

<\$50 \$50-75 \$76-100 \$101-125 \$126+