



Pet

BODY CONDITION SCORECARD

Please e-mail the completed form to pet@out.co.za.
For more information, visit www.outsurance.co.za or call **08 600 70 000**.

Policyholder details

Policy number			
First name		Surname	
E-mail		Contact number	

Vet details

Practice			
Attending vet			
Date	YYYY / MM / DD		
Vet signature	Practice stamp		


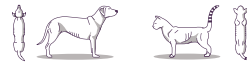



Please ask your vet to complete each of the sections below – one per pet. Please complete a second form if you have more than four pets on cover.

Pet details


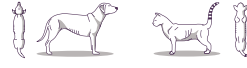



Bodyscoring Pet #1	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>		
Patient name			Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Sterilised	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Breed	
Current weight (kg)			Microchip/tattoo number	
<input type="checkbox"/> Very thin 	<input type="checkbox"/> Underweight 	<input type="checkbox"/> Ideal weight 	<input type="checkbox"/> Overweight 	<input type="checkbox"/> Obese

Bodyscoring Pet #2	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>		
Patient name			Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Sterilised	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Breed	
Current weight (kg)			Microchip/tattoo number	
<input type="checkbox"/> Very thin 	<input type="checkbox"/> Underweight 	<input type="checkbox"/> Ideal weight 	<input type="checkbox"/> Overweight 	<input type="checkbox"/> Obese

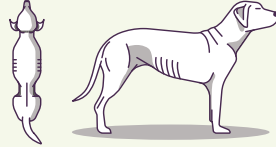
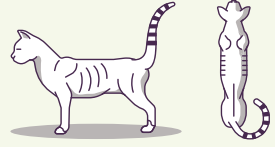
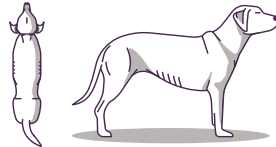
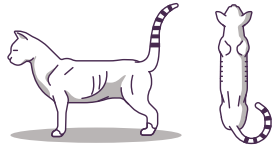
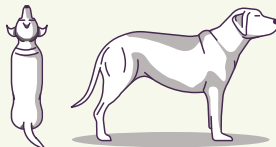
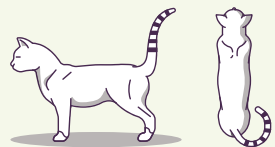
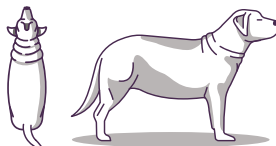
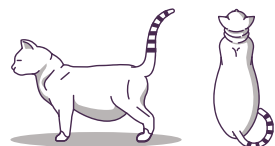
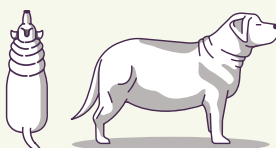
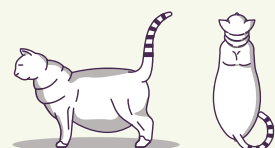
Bodyscoring Pet #3	Dog <input type="checkbox"/> Cat <input type="checkbox"/>		
Patient name		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Sterilised	Yes <input type="checkbox"/> No <input type="checkbox"/>	Breed	
Current weight (kg)		Microchip/tattoo number	

<input type="checkbox"/> Very thin 	<input type="checkbox"/> Underweight 	<input type="checkbox"/> Ideal weight 	<input type="checkbox"/> Overweight 	<input type="checkbox"/> Obese 
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Bodyscoring Pet #4	Dog <input type="checkbox"/> Cat <input type="checkbox"/>		
Patient name		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Sterilised	Yes <input type="checkbox"/> No <input type="checkbox"/>	Breed	
Current weight (kg)		Microchip/tattoo number	

<input type="checkbox"/> Very thin 	<input type="checkbox"/> Underweight 	<input type="checkbox"/> Ideal weight 	<input type="checkbox"/> Overweight 	<input type="checkbox"/> Obese 
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Scoring

<p>1 Very thin Ribs easily visible and palpable. No palpable fat. Severe abdominal tuck when viewed from above. Lumbar vertebrae and hip bones easily visible and palpated.</p>		1 Very thin	
<p>2 Underweight Ribs easily palpable with minimal fat covering. Lumbar vertebrae obvious. Obvious waist when viewed from above. Minimal abdominal fat.</p>		2 Underweight	
<p>3 Ideal weight Ribs palpable with slight fat covering. Well-proportioned. Abdominal fat is minimal. Observe waist behind ribs.</p>		3 Ideal weight	
<p>4 Overweight Ribs not easily palpated or visible with moderate fat covering. Waist poorly discernible. Obvious rounding of abdomen. Moderate abdominal fat visible. No waist visible when viewed from above.</p>		4 Overweight	
<p>5 Obese Ribs not palpable or visible under heavy fat cover. Heavy fat deposits over lumbar area, face and limbs. Extensive abdominal fat.</p>		5 Obese	

Comments or recommendations