



PetInsuranceAustralia

Veterinary Fee Claim Form

Claims should be submitted in writing and received with the original itemised invoice(s) for the vet treatment being provided. Faxed claims will not be accepted.

Part 1: To be completed by the Pet Owner/Policy Holder

Policy number:

Your pet's details

Your pet's name: Species: Dog Cat
 Gender: Male Female Desexed: Yes No
 Pet's age/D.O.B. Colour: Breed:

Your details

Title: First name: Surname:
 Address:
 Suburb: State: Postcode:
 Phone: (home) () (work) () (mobile)
 Email:

Please tick if there has been a change of address or contact details:

If you are registered for GST and are entitled to a GST Input Tax Credit (ITC) on your premium, what is the ITC percentage? %

ABN: By leaving these details blank, the insured confirms that no entitlement to GST ITC exists.

Note: If this is your pet's first claim or your pet has been insured with us for less than 6 months please attach all relevant invoices and clinic records from your vet. In some instances, we may require more information to process your claim, such as previous medical history or pathology results. If this is the case, we will contact you for this information. If you have previously provided this information to us, or if it is a routine care claim, you do not need to provide it.

Part 2: To be completed by the vet to ensure efficient processing of your claim

How long has this pet been a patient of your clinic? Less than 6 months More than 6 months

Type and cause of injury or condition/diagnosis	Date of treatment	Dates of first clinical signs (include dates of previous related or similar conditions)	Total charge

Veterinarian's Notes: (case summary) (Please attach relevant veterinary history, radiology, pathology reports and/or consultation notes where applicable).

Date of last vaccination/booster: Type of vaccination:

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or cancellation of the policy. I/We confirm that the veterinary services as detailed in the account(s) submitted with this claim have been provided and I/we understand that policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. I/We authorise any veterinary surgeon who has treated my/our pet to provide to the insurer any details they may require. I/We consent to Pet Insurance Australia, PetSure and Hollard collecting, storing, using and disclosing personal information (including sensitive information) as set out in the Privacy Notice contained in this form. If I/We have provided or will provide information to Pet Insurance Australia, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to Pet Insurance Australia, PetSure or Hollard and also to give this consent on both my and their behalf.

Signature of policy holder: Date: Name of attending veterinarian and practice: (please print)
 Signature of veterinarian: Date:
 Veterinarian registration no: Registration state:

Please mail completed claim form to: Pet Insurance Australia – Claims Department Locked Bag 9021, Castle Hill, NSW 1765



PetInsuranceAustralia

Make a claim in four easy steps

Step One:

Obtain a claim form by visiting our website at www.petinsuranceaustralia.com.au or by contacting Pet Insurance Australia on 1800 043 552 between 8am and 8pm Monday – Friday (Sydney time).

Step Two:

Fill in your and your pet's personal information and sign the claim form.

Step Three:

Take the claim form to your Veterinarian, and have your Veterinarian complete the applicable sections. Ensure your Veterinarian includes his/her Practice details on the attached invoice.

Step Four:

Attach the original detailed itemised invoices, payment receipts and veterinary notes to the completed Claim form and mail it to Pet Insurance Australia at the address below.

Pet Insurance Australia
Claims Department
Locked Bag 9021
Castle Hill
NSW 1765

Claim Checklist

Before sending in your claim, please ensure you have:

- Completed the Claim Form
- Attached the original itemised invoice and receipts
- And your Veterinarian signed this form?
- Attached all relevant veterinary records if this is your first Specified Accidental Injury or Illness claim (no history is required for Routine Care claims)

Enquiries

For any claim enquiry, please call 1800043552 between 8am – 8pm Monday to Friday (EST) (except public holidays)

Disclaimer: It is a criminal act to make a false or fraudulent claim under an insurance policy or to assist in the preparation or presentation of a false or fraudulent claim under a policy. Violators of this provision may be subject to criminal prosecution.

Privacy Notice

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