

Claim Form for Dog & Cat Veterinary Fees

Please make sure this claim form is completed clearly and in full to ensure the correct assessment of your claim. Please complete using black pen & block letters. Please complete a separate claim form for each injury or illness.

We're happy to help
If you have any questions call us on
0800 255 426



1. Policyholder to complete YOUR POLICY No:

2. Policyholder to complete ABOUT YOU

Policyholder's name _____
Daytime telephone no. _____
Email address _____

Policyholder's address _____
Postcode _____

Please tick here if this is different to the address on your Certificate of Insurance

3. Policyholder to complete ABOUT YOUR PET

Pet's name _____
Pedigree name (if applicable) _____
Is your pet a Dog Cat
Breed _____

Pet's date of birth / / Male Female

Is your pet insured with any other company? Yes No

If Yes, Please state which company _____

Is this your pet's first claim with Petplan? Yes No

4. Policyholder to complete DETAILS OF YOUR PET'S CONDITION

Is the condition are you claiming for an Illness Injury
Condition _____

Please tell us the name & addresses of all veterinary surgeries where your pet has been treated before. (if there is more than one, please use a separate piece of paper)

Name _____

Address _____

Telephone no. _____ Postcode _____

Date: from / / to / /

If your pet was injured - How did the injury occur (detail on separate sheet if space is insufficient) _____

Please tell us the date you first noticed any signs that your Pet was unwell before you made a veterinary appointment. Your claim may be delayed if you do not give us this information.

Date Condition first noticed / /

Date Pet seen by Vet / /

Time Pet seen by Vet am pm

Did the illness or injury result in the death of your pet? Yes No

Date of Death / /

Is anyone else responsible for the injury? Yes No

If so, please supply name and address of the person(s) you believe to be responsible _____

5. Policyholder to complete PAYEE DETAILS Payment will be automatically made to the policyholder(s) named on your Policy unless we are instructed otherwise.

Is any insured registered for GST & entitled to an ITC Yes No If yes, what is your ITC percentage % ABN _____

1. Pay Vet - please tick Please pay by EFTPOS Cheque 2. Pay Policyholder(s) - please tick

(We will not pay your vet unless it has previously agreed with them)

I/We have arranged with my/our vet and would like this claim paid directly to them, less my excess & any other non claimable items.

Name of the Veterinary practice _____

Customer Id _____

Account Name _____

BSB No _____

Account No _____

Please sign here

Name _____
Account Name _____
BSB No: _____
Account No: _____

Pursuant to the Privacy Act 1993: The following is brought to your attention:
(a) This Claim form collects personal information about You and Your Pet;
(b) The information is collected to evaluate Your claim;
(c) The intended recipient of the information is Petplan Australasia Pty Ltd;
(d) The information is being collected and held by Petplan Australasia Pty Ltd, Level 1, 156 Fanshawe St, Auckland.
(e) The collection of this information is required pursuant to the terms of Your insurance policy;
(f) The failure to provide this information may result in Your claim being declined;
(g) You have the rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Declaration: I solemnly and sincerely declare that:
1. All the statements and information in this form are correct;
2. I have told Petplan everything which may be relevant to this claim;
3. I further understand that:
(a) I am required to co-operate with Petplan and provide this information and if I do not, Petplan may decline my claim;
(b) I have certain rights of access to and correction of the personal information provided by me on this claim form or in support of this claim. But if I do provide any incorrect information, Petplan may be entitled to decline my claim whether or not it is later corrected;
4. I authorise Petplan to obtain personal information about me and my Pet from any other party and to release that information to other parties if requested;
And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Please sign here

ASK YOUR VET TO COMPLETE THESE THREE SECTIONS

1. Vet to Complete

GENERAL INFORMATION

When was this pet first registered at your practice / /

If this pet has been referred please give the name, address and telephone number of the practice which referred it

Name

Address

Telephone no

In connection with treatment claimed did you:

Make a house visit? Yes No

Or provide out of hours treatment? Yes No

If Yes, why was the house visit/out of hours treatment necessary?

Is any part of this claim for a condition the pet can be vaccinated against? Yes No

If Yes, were the pet's vaccinations up to date at time of treatment?

Yes Please give date of last vaccination / / No Don't know

Is any part of this claim for dental treatment? Yes No

If Yes, please enclose a full clinical history over the last 2 years. If this is not attached this will delay the client's claim

Is any part of this claim for treatment of a urinary problem? Yes No

If Yes, is the cost of diet food included in this claim? Yes No

If Yes, please provide the name of the diet food being used and total cost being claimed

Name Amount \$ -

Were crystals present? Yes No

If Yes, are the crystals Oxalate Struvite Other

If other, please specify

Please give dates and results of last two urine tests

Date / / Result

Date / / Result

2. Vet to Complete

ABOUT THE ILLNESS OR INJURY

Condition

Name of the illness or injury (if no diagnosis has been made please give clinical signs)

Is this claim a continuation of a previous claim? Yes No

When did this illness or injury begin or show clinical signs (as started by the client and noted in your records)? / /

Treatment dates: from / / to / /

Did death or euthanasia result from this illness or injury? Yes No

Date of death / /

If the pet was put to sleep, did you recommend this? Yes No

To your knowledge has this pet been seen before for

This illness or injury Yes No

Any similar or related illness or injury Yes No

Any similar or related clinical signs Yes No

If Yes, please provide the history with dates? Date / /

Date / /

Total amount being claimed (inc GST) \$ -

PLEASE ENCLOSE FULL ITEMISED INVOICES AND RECEIPTS TO SUPPORT THIS CLAIM ONE CONDITION PER CLAIM FORM

3. Vet to Complete

DECLARATION BY THE VETERINARY PRACTICE

Vet practice stamp here

This practice has authorised to have the claim(s) paid direct Yes No

I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief

Name

Position in practice


Petplan Practice No:

If you do not know your No: ring Petplan

Ph:

Fax:

Email address:

Signature 

Date / /