



# Holiday Cancellation Claim Form

Petplan use

Please phone if you have any questions regarding this form.

0800 255 426

Please complete in BLOCK CAPITALS

The completed form should be returned to Pet Plan, Level 1, 152 Fanshawe St, Auckland 1010

## SECTION A

to be completed by the Policyholder(s)

### About you

Policyholder's name Mr/Mrs/Ms Initial

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime phone No. (incl. area code) Ext.

Please tick here if new address

Payment cheques can only be made out to the person(s) shown on the certificate. If two people are named, but you have separate bank accounts, please enter below the name to appear on the cheque.

\_\_\_\_\_

### About your pet

Certificate No.

| | | | | | | | | |

Your pet's name

Pedigree name (if applicable)

Dog  Cat  M  F  Age:

Breed

Which policy/plan do you have

Amount claimed in words (\$ only)

Amount claimed in figures \$ :

I claim the amount(s) shown in section B and acknowledge payment to the above named account holder in full and final settlement. If the policy is in joint names, both signatures are required.

Signature(s)

X

Date / /

X

Date / /

## SECTION B

to be completed by the Policy holder(s)

Holiday dates

From / / To / /

Date booked

Irrecoverable expenses claimed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Destination

Reason for cancellation

\_\_\_\_\_

\_\_\_\_\_

Amount claimed \$ :

Amount claimed \$ :

Amount claimed \$ :

Amount claimed \$ :

Documents required to support claim. Tick if attached, if not attached please explain the non-availability.

Booking invoice  Cancellation invoice  Receipts

## SECTION C

to be completed by the Veterinary Surgeon

Condition

Date of surgery / /

Date of onset / /

Date client was advised surgery required / /

Surgery carried out

Was it emergency life saving surgery?  Yes  No

Signature

X

Date / /

Practice stamp (if applicable) or Name & Address