

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
1300 738 225



1. Policyholder to complete YOUR POLICY No: _____

Date Your Pet's Policy first commenced: / /

2. Policyholder to complete ABOUT YOU

Policyholder's address

Policyholder's name

Daytime telephone no.

Postcode

Email address

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

3. Policyholder to complete ABOUT YOUR PET

Is your pet insured with any other company? Yes No

If Yes, Please state which company

Pet's name

Pedigree name

(If applicable)

Is your pet a Dog Cat

Breed

Policy No:

Have you, or are you intending to lodge a claim for this injury/illness with them

Yes No

Pet's date of birth / / Male Female

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

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

Is the condition are you claiming for an Illness Injury

Condition

Name

Address

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.

Telephone no.

Postcode

Date Condition first noticed / /

Date: from / / to / /

Date Pet seen by Vet / /

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

Time Pet seen by Vet am pm

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

Is anyone else or their pet responsible for the injury? Yes No

Date of Death / /

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

Do you own any other pets not insured with Petplan? Yes No

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

(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

Please sign here

2. Pay Policyholder(s) - please tick

Cheque to be in the Name(s)

6. Policyholder to complete CLAIM FORM CHECK LIST & CLIENT SIGNATURE

In order for your claim form to be processed in a timely manner please make sure that you have completed the claim form in full, had your vet complete their section, and it is signed by both You and Your vet, and includes itemised invoices. If you fax/email your Claim, Petplan still require originals of all the faxed/emailed items to be sent in the post.

Have YOU completed all sections of the Claim Form Yes No Your claim will be returned if not

Has YOUR VET completed all sections of the Claim Form Yes No Your claim will be returned if not

Have YOU signed the Claim Form Yes No Your claim will be returned if not signed

Has YOUR VET signed the Claim Form Yes No Your claim will be returned if not signed

Have YOU included itemised invoices with Claim Yes No Your claim will be returned if not

Privacy: The Privacy Act 1993 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlement, determine our liability, compile data and handle claims. When handling claims, we may disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, to the Insurance Reference Service (IRS), etc., or other parties as required by law. You have the right to see access to your personal information and to collect it at any time. Please contact us on 1300 738 225 EST 9am-5pm Mon-Fri and advise us of the changes.
IDR Statement: Disputes are not an everyday occurrence at Petplan. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

I/We certify the information given on this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/We have read and understood the Privacy Act 1993 and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information then Petplan will be unable to process my/our claim.

Please sign here

If You do not sign your Claim Form it will be returned, which may hold up the processing of your Claim.

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

If No, could the Pet have been treated? Yes No

(Additional Information)

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 PLEASE

3. Vet to Complete

DECLARATION BY THE VETERINARY PRACTICE

Vet practice stamp here

Practice has agreed 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

Ph:

Fax:

Email address:

Signature 
Vet/Practice Managers

Date / /