



PetInsuranceAustralia

## Veterinary Fee Claim Form

Claims should be submitted in writing and received with the original itemised invoice(s) within 90 days of the vet treatment being provided. Faxed claims will not be accepted. Note: If this is your first claim please attach a complete veterinary history (medical records) from all current and previous veterinary clinics. 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 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.

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

**Note:** If this is your pet's first claim or your pet has been insured with us for less than 6 months please attach a complete veterinary history (medical records) from both current and previous veterinary clinics. If you have previously provided this information to us you do not need to resubmit it

How long has this pet been a client 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Veterinarian's Notes: (case summary) (please attach radiology and /or pathology reports if 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 account(s) submitted with this claim have been paid in full 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. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of the claim.

Signature of pet owner:  Date:

Signature of veterinarian:  Date:

Name of attending veterinarian and practice: (please print)

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](http://www.petinsuranceaustralia.com.au) or by contacting Pet Insurance Australia on 1800 043 552 between 8:30am and 5 pm 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 detailed itemised invoices and payment receipts 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 actual itemised invoice and receipts

☐

And your Veterinarian signed this form?

☐

Attached a full veterinary history (medical records from previous veterinary visits)  
if this is your first Accident or Illness claim (no history is required for Routine Care claims)

Please note: All claims should be submitted and received within 90 days of treatment

## Enquiries

**For any claim enquiry, please call 1800043 552 between 9:00am – 5:00pm 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.