



Dog and Cat Claim Form for veterinary fees

For Petplan use only

Please note there are items that are not claimable under your Policy. These include, but are not limited to: routine and preventative healthcare (shampoo, nail clipping, teeth cleaning, worming, desexing and vaccinations), any illness that occurred within your waiting period and or was a pre-existing condition. If in doubt, please refer to your PDS and Certificate of Insurance. Please also check your policy's excess amount before completing this form.

How to make a claim:

Step 1 Please complete Section 1 of this claim form

Step 2 Take the claim form to your Vet and ask them to complete Section 2 and sign

Step 3 Attach the original invoices and receipts to the completed claim form and post, fax or email to Petplan Australasia Pty Ltd
Petplan Australasia Pty Ltd PO Box 112250, Penrose Auckland 1642 Fax: 09 353 1554 Email: claims@petplan.co.nz

Section 1. Policyholder to complete

Are you completing this form for a: New illness or injury or; Continuation illness or injury

Policy number _____ Your Name _____

Day phone _____ Home phone _____ Mobile phone _____

Email _____

Postal address _____ Postcode _____

Pet's name _____ Pet's date of birth _____

Is this pet insured with any other company? Yes No

If Yes, what is the name of the insurance company _____

Have you, or are you intending to lodge a claim for this illness/injury with them? Yes No

Details of your pet's illness

What condition are you claiming for? _____

Please tell us the date you first noticed any signs that your pet was unwell or injured before booking an appointment with your vet.

Date and time condition first noticed _____ / _____ / _____ am / pm

Please tell us the names and addresses of all the vet practices that the pet has attended. *Please use a separate sheet of paper for more than one.

Practice Name _____ Phone _____ Treatment date from _____ / _____ / _____ to _____ / _____ / _____

Payee details

PLEASE COMPLETE **ONE** OF THE FOLLOWING *Please understand that we will not pay your vet unless it has been previously agreed with them to do so. Please check with your vet prior to selecting your payment option below.*

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

Name of the vet practice _____

or **Pay Policyholder(s).** I/We wish the claim to be paid to the policyholder(s) name on the Certificate of Insurance.

Electronic payment into policyholder's bank account
(If you pay your premium by bank account, we will transfer your claim amount to this account)

Electronic payment into a chosen bank account
(If you pay your premium by credit card, we will transfer your claim amount to the Bank account nominated below)

Account name _____ Account number _____



Section 2. Please ask your vet to complete this section

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 _____

Postcode _____ Phone _____

About the illness or injury

Condition

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

_____ Treatment date 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 Is this claim a continuation of a previous claim? 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 ____ / ____ / ____

Total amount being claimed (inc. GST) \$ _____

Declaration By Veterinary Practice

This practice has an Agreement to be paid direct by Petplan 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 _____

Phone _____ Fax _____

Email _____

Signature ✕

(Vet practice stamp here)

(To be signed by consulting Vet) Date ____ / ____ / ____

Declaration By Policy Holder

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

Please sign here ✕ Date _____

What happens next:

Once we receive the necessary documentation, your claim will be processed as quickly and easily as possible. If you have any questions about your claim please call us on 0800 255 426 between 8:30am – 5:00pm Monday to Friday.

