

## Policy Details

Policy Number: PI00 \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

## Pet Details

Pet Name: \_\_\_\_\_

Pet Age: \_\_\_\_\_ Gender: Male Female

Breed: \_\_\_\_\_

Date Pet came into your possession DD/MM/YY

Did you Adopt or Rescue your pet Pet Y N

Name of Rescue Centre \_\_\_\_\_

## Pet History – To be completed by the Policy Holder Only

List **ALL** Veterinary Practices your pet has attended since being in your possession

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

If this is your first claim, please provide a copy of the Breeder’s vaccination card or adoption certificate (if applicable).

Have you claimed on any pet insurance policy either in Ireland or in another jurisdiction previously? Y N

## Important Notes – First Time Claimants

**You must disclose all Veterinary practices your Pet has attended (for any reason) since being in your possession. Claims will not be reviewed without this information.**

## To be completed by your veterinary practice

Pre Auth Y N (NB at least 5 working days to be allowed)

Condition or Diagnosis	Treatment Date	Amount in €

- 1) Please provide the exact date when the above Condition first commenced (For First Claim Only) DD/MM/YY
- 2) What is the first visit date for this pet at your practice? DD/MM/YY

**Note: For all claims, we require the corresponding clinical history for the claim including blood results and external lab reports (if applicable). VAT invoices must be provided. If the Client is the payee of the claim, we require proof of all payments made for the claimed amounts.**

**Payment** Please circle if you wish payment to be made directly to the veterinary practice:

Pay Vet Direct: Yes

**Bank Details** Please complete the bank details section for processing of payments. PetInsure will only process payments by Electronic Funds Transfer

IBAN 

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Vet / Account holder name for claim payment \_\_\_\_\_

<p><b>Veterinary Declaration:</b> I confirm that the Information provided above is correct and that all information held on file for this pet has been provided. I understand and agree that, as part of the claims assessment process, the suitability and accuracy of treatments and fees associated with this claim will be subject to review and assessment by a veterinary practitioner(s) chosen, and/or employed, by PetInsure.</p> <p><b>Customer Declaration:</b> I confirm that the information provided above is true and correct. I authorise PetInsure to obtain any and all information relating to my pet. I confirm that I have not withheld any information relating to my pets health or previous treatments. I have read and understand the <b>Fraud Warning</b> below.</p>	<p><b>Veterinary Signature</b></p> <p>_____</p> <p><b>Date:</b> _____</p> <hr/> <p><b>Customer Signature</b></p> <p>_____</p> <p><b>Date</b></p> <p>_____</p>	<p><b>Practice Stamp</b></p>
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**Fraud Warning:** Insurance Fraud is a crime. We report all instances of suspected fraud to The Garda Bureau of Fraud Investigation. Any attempt to withhold information or make a false or exaggerated claim will result in your policy being cancelled without notice and without a premium refund.