

CLAIM FORM FOR VETERINARY FEES

Policy No:

ALL SCHEDULED SURGERY/INVESTIGATIONS REQUIRE PRE-APPROVAL IN ORDER TO QUALIFY FOR PAYMENT
USE A SEPARATE FORM FOR EACH PET AND COMPLETE CLEARLY IN BLACK PEN
TO ENSURE THE CORRECT ASSESSMENT OF YOUR CLAIM

YOUR DETAILS

Title: Dr/Mr/Mrs/Miss/Other: **Physical Address:**

First Name: **Postal Code:**

Last Name: **Postal Address:**

ID No: **Postal Address:**

Phone No:

Email Address: **Postal Code:**

Are you currently insured or have any other insurance policies in place which may cover this risk?
 Yes No If yes, please advise who you have cover with

PET DETAILS

Pet's Name:

Pet's Age:

Breed:

VET TO COMPLETE

Type of claim: Accident Illness **Date of Treatment:**

Diagnosis:

When did the illness or injury occur/first show symptoms?

Did the illness or injury result in the death of the pet? Yes No **Date of Death:**

Name of Vet: **Name of Practise:**

Signature of Vet: **Date:**

I understand that I am fully bound by my conscience in making this statement and that any misrepresentation of the facts constitutes fraud.
 I have no other insurance on the pet claimed for above. I hereby agree that the Insurers of the Policy may take over and conduct this prosecution for their own benefit of any claim for cover or otherwise and shall have full discretion in the conduct thereof.

Please send completed forms including copies of all receipts to:
 Email Address : claims@catanddogsure.co.za or fax 0860 775 08113

**INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICY HOLDER
 PLEASE INCLUDE DETAILED INVOICES WITH YOUR CLAIM FORM**

BROUGHT TO YOU BY: ADMINISTERED BY: UNDERWRITTEN BY:

Signature of pet owner:

Date:

