Post today or fax to (02) 9843 2644

My Details

Title: Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other: ☐ First Name: ☐ Surname: ☐

Address: ☐ Suburb: ☐

State: ☐ Postcode: ☐ Your Date of Birth: ☐ ☐ ☐

Telephone: Home ( ) ☐ ☐ Work ( ) ☐ ☐ Mobile ( ) ☐ ☐

Email: ☐ Are you a pensioner: Yes ☐ No ☐ Pension Number: ☐

Name of Vet: ☐ Vet Practice Visited: ☐ Vet's Tel Number: ☐

My Pet's Details

Pet Number 1:

Pet Name: ☐ Type: ☐ Dog ☐ Cat

Breed: ☐ Sex: ☐ Male ☐ Female

Colour: ☐ Desexed: ☐ Yes ☐ No

DOB: ☐ ☐ Assistance Dog

Conditions: Please provide full detailed information for any condition (current or previous) your pet has had treatment for, or you anticipate having treatment for.

If there is insufficient space, please provide details on a separate sheet. If your pet has never had any Vet treatment please answer 'None'.

Microchip Number (if applicable): ☐

Date of last Vaccination: ☐ ☐ ☐

Pet Number 2:

Pet Name: ☐ Type: ☐ Dog ☐ Cat

Breed: ☐ Sex: ☐ Male ☐ Female

Colour: ☐ Desexed: ☐ Yes ☐ No

DOB: ☐ ☐ Assistance Dog

Conditions: Please provide full detailed information for any condition (current or previous) your pet has had treatment for, or you anticipate having treatment for.

If there is insufficient space, please provide details on a separate sheet. If your pet has never had any Vet treatment please answer 'None'.

Microchip Number (if applicable): ☐

Date of last Vaccination: ☐ ☐ ☐

Note: 1. If you have more than 2 pets please give details on a separate sheet.
2. If your pet has a long medical history, please give details on a separate sheet, or attach a medical history printout from your vet.

My Cover

Plan Type: ☐ Accident **OR** ☐ Accident & Illness

Condition Excess: ☐ $100 **OR** ☐ $200 **OR** ☐ $300

Wellness Care: ☐ Yes ☐ No

Plan Type: ☐ Accident **OR** ☐ Accident & Illness

Condition Excess: ☐ $100 **OR** ☐ $200 **OR** ☐ $300

Wellness Care: ☐ Yes ☐ No

My Payment Details

Moisten, fold and seal.

Moisten, fold and seal.

Choose your Payment Frequency - (choose one only) ☐ Annually ☐ Monthly* ☐ Fortnightly*

*A premium collection fee of $1 per collection applies for monthly and fortnightly paid policies only.

Choose your Payment Method by completing either the credit card or direct debit portions below:

Credit Card Details - Please debit my: ☐ Mastercard ☐ Visa

Cardholders Name: ☐

Card Number: ☐ ☐ ☐ ☐

Expiry Date: ☐ ☐ Signature: ☐

Direct Debit Details

I/We: ☐

Authorise The Hollard Insurance Company Pty Ltd (user ID 068616) to debit funds from my/our account at the financial institution identified below and as prescribed by the Bulk Electronic Clearing System (BECS). I/we further authorise the following:

1. The debit user to verify the details of the account with my/our financial institution.
2. The financial institution to release information allowing the Debit user to verify the following account details.

Bank/Financial Institution: ☐

Branch Location/Suburb: ☐

BSB: ☐ Account No: ☐

Type of Account: ☐

Signature(s): ☐

Cooling-off Period: I understand that if I am not satisfied with the policy, I may return the policy documents within 14 days and any unpaid premium will be refunded, provided no claims have been submitted or paid.

Your Duty of Disclosure: I declare that the answers provided in the application are true and I have not withheld any requested information. I acknowledge that if I fail to comply with my Duty of Disclosure, that the insurer may be entitled to reduce their liability under the contract in respect of any claim, or may cancel the contract.

I authorise any veterinary surgeon who has treated my pet to provide the insurer with any details regarding my pets health, that they may require.

Effective Date: 1 December 2008.

☐ By submitting an application for Petsecure, I acknowledge that I have agreed to receive or have received (by printing or downloading from the website at www.petsecure.com.au) the PDS and FSG and have considered them. I have not received any advice and no analysis of my needs has been conducted.

Signature: ☐ Date: ☐ ☐ ☐

For office use only

Bro 12/08