

# Vet Expenses 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/Policyholder

Insured's Policy Number:	<input type="text"/>	Pet's Name:	<input type="text"/>
Policyholder's Name:	<input type="text"/>	Pet Type:	Dog <input type="checkbox"/> Cat <input type="checkbox"/>
Address:	<input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Suburb:	<input type="text"/>	Desexed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>
Phone:	<input type="text" value="Home"/>	Pet's Age/DOB:	<input type="text"/>
	<input type="text" value="Work"/>	Breed:	<input type="text"/>
Email:	<input type="text"/>	Colour:	<input type="text"/>
		Tick if there has been a change of address or contact details:	<input type="checkbox"/>
If you are registered for GST and are entitled to a GST Input Tax Credit (ITC) on your premium, what is the ITC percentage?	<input type="text"/>	%	
ABN:	<input type="text"/>	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 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 patient of your clinic? Less than 6 months  More than 6 months

Type and cause of injury or Condition/ Diagnosis or details of Routine item	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"/>

Vet'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 Petsecure 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:	<input type="text" value="X"/>	Date:	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>
Signature of veterinarian:	<input type="text" value="X"/>	Date:	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>
Veterinarian registration no:	<input type="text"/>		

# Making a claim in 4 easy steps

## Step one

Obtain a Vet Expenses Claim Form by visiting our website at [www.petsecure.com.au](http://www.petsecure.com.au) or contact Petsecure on 1300 855 160 between 8:30am and 5:00pm Monday – Friday (EST).

## Step two

Fill in your and your pet's personal information and sign the Vet Expenses Claim Form.

## Step three

Take the Vet Expenses Claim Form to your Vet, and have your Vet complete the applicable sections. Ensure your Vet includes his/her practice details on the attached invoice.

## Step four

Attach detailed itemised invoices and payment receipts to the completed Petsecure Vet Expenses Claim Form and mail it to Petsecure at the address below. 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 from both current and previous veterinary clinics. If you have previously provided us with this information, you do not need to re-submit it.

## Claim Checklist.

**Prior to sending in your claim please make sure you have:**

- A completed Vet Expenses Claim Form
- Attached the original itemised invoice
- You and your Vet 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

- Mail** your completed form to:
- Petsecure  
Locked Bag 9021  
Castle Hill NSW 1765

**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.



**Any questions?**  
**Call 1300 855 160**  
**9:00am to 5:00pm (EST)**  
**Monday – Friday**

POST: Petsecure, Locked Bag 9021, Castle Hill NSW 1765