

# Pre-existing Condition Exclusion Review Form

You can submit this form to request a review of a Pre-existing Condition excluded from your policy. Please arrange for your vet(s) to complete all applicable sections. Both you and your vet(s) are required to certify and provide veterinary records to verify that your Pet has been free of the noticeable signs, symptoms or an abnormality of the Pre-existing Condition (or any Condition(s) arising directly from this Condition) for 18 months up to the completion date of this form. **Your request for a review can't be completed without all the necessary supporting documentation.**

Please allow 30 days for us to complete the review. You will be notified of the outcome of your request in writing.

Please note the completion of this form does not mean an automatic waiver of any Pre-existing Condition Exclusion.

## Please note:

- As at the submission date of this form, your Pet must have been free of noticeable signs, symptoms or an abnormality of the Condition deemed **Pre-existing, and any Related Condition(s)** for a minimum continuous period of **18 months**.
- Conditions that can't be cured aren't eligible for a Pre-existing Condition exclusion review. These Conditions include Chronic Conditions, Cruciate Ligament Conditions, intervertebral disc disease, hip dysplasia, elbow dysplasia, patella luxation, and endocrine diseases.
- This review will be completed in accordance with the current policy terms & conditions.
- Any costs associated with the completion and submission of this form are not covered by your policy.

## Part 1: To be completed by the Pet owner/Policyholder (one form to be completed per insured pet)

Insured's Policy Number:	<input type="text"/>	Pet's Name:	<input type="text"/>
Policyholder's First Name:	<input type="text"/>	Pet Type:	Dog <input type="checkbox"/> Cat <input type="checkbox"/>
Policyholder's Surname:	<input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	<input type="text"/>	Desexed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suburb:	<input type="text"/>	Breed:	<input type="text"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>
Phone:	<input type="text"/>	Pet's Age/DOB:	<input type="text"/>
Email:	<input type="text"/>	Colour:	<input type="text"/>

**Pre-Existing Condition exclusion(s) that you'd like reviewed and waived. Provide details of the Condition (or organ/body part) to which this exclusion request relates:**

1:	<input type="text"/>
2:	<input type="text"/>
3:	<input type="text"/>
4:	<input type="text"/>

## Policyholder Declaration:

Has your Pet shown any noticeable signs, symptoms, abnormalities or received any treatment relating to the Condition and/or organ/ body part identified above over the past 18 months? Yes  No

If you answered **Yes** to the question above, please indicate the date/s and describe the treatment and/or symptoms noted.

<input type="text"/>
<input type="text"/>
<input type="text"/>

Your vet to complete Part 2 overleaf.



**Mailing address**  
Petsecure,  
Locked Bag 9021,  
Castle Hill, NSW 1765

**Any questions?**  
Call 1300 855 160  
8:30am to 5:00pm (AEST)  
Monday – Friday  
(except public holidays)



## Part 2: To be completed by your vet

### Instructions for Vet:

Please examine the Pet and provide supporting documentation such as test results, clinical notes and/or veterinary history records (where applicable) to support this review.

Policyholder First Name:  Policyholder Surname:

Pet's Name:  Date of examination:

Conditions being reviewed:

  

The date this Pet was registered/treated at your practice?

If this pet was referred to your practice, please provide details of the referring practice:

Referring practice name:  Referring vet:

Address:

Email:  Phone:

The earliest date that this Condition was first noted or diagnosed (as stated by the client or noted in your records):

The date on which this Condition (or any Related Condition/body part or organ) was last treated:

The date you last saw this Pet, and for what reason:

In your opinion what's the probability of this Condition (or any Related Condition/body part or organ) requiring treatment within the next 12 months? Please provide any additional notes or comments to support this application:

  

## Declaration

I/We certify that the information given in this form and any supporting documentation is truthful, accurate and complete. No information likely to affect this review has been withheld. I/We understand that deliberate misrepresentation of my/our Pet's Condition or the omission of any material facts may result in the denial of the review and/or cancellation of the policy. I/We understand that the policy administrators will assess information provided in accordance with the policy terms and conditions. I/We authorise any veterinary surgeon who has treated my/our Pet to provide to the insurer any details they may require. I/We consent to Petsecure, PetSure and Hollard collecting, storing, using and disclosing personal information (including sensitive information) as set out in the Privacy Notice contained in this form. If I/We have provided or will provide information to PetSecure, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to Petsecure, PetSure or Hollard and also to give this consent on both my and their behalf.

Signature of policy owner:

Date:

Signature of veterinarian:

Date:

Name of attending vet and practice:

Vet registration number:  Registration State:

Registration Address:

Email:  Phone:

Please note that the issuance or completion of this form does not acknowledge liability or guarantee a removal of a pre-existing exclusion.

Please mail this completed form to Petsecure Pet Insurance, Locked Bag 9021, Castle Hill, NSW 1765 or scan and email both sides of this form with all accompanying documentation to [customercare@petsecure.com.au](mailto:customercare@petsecure.com.au). For help with the completion of this form, please call 1300 855 160 between 8.30am-5.00pm (AEST) Monday-Friday (except public holidays).

### Privacy Notice

In this Privacy Notice, 'we', 'us' or 'our' refers to Petsecure, PetSure and Hollard. We collect personal and, in some cases, sensitive information from you for the purpose of administering your insurance policy, including responding to your enquiries and processing, assessing and paying claims. If you do not provide this information to us we may not be able to carry out the services you require. We may have to disclose your personal and other information to third parties and related companies who assist us in providing our products and services, or other parties required by law. Some of the companies we may disclose your personal information to may be located overseas, including in the Philippines, South Africa, New Zealand, United States of America and the United Kingdom. If you wish to access, update or correct any personal information, make a complaint about a breach of privacy or if you have any other query relating to privacy, please see the contact details in the Privacy section in the Product Disclosure Statement available at [www.petsecure.com.au](http://www.petsecure.com.au).