

**Vet Expenses Claim Form**

Claims must be submitted in writing to Petsecure and received together with the original itemised invoice and receipts for payment in full within 60 days of incurred vet expenses, unless otherwise stated in the policy document. Faxed claims will not be accepted.

**Part 1: To be completed by the Pet Owner/Policyholder**

Insured's Policy Number: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
 Policyholder's Name: \_\_\_\_\_ Dog:  Cat:  Male:  Female:  Desexed: Yes  No   
 Address: \_\_\_\_\_ Pet's Age/DOB: \_\_\_\_\_  
 State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Telephone (H): \_\_\_\_\_ (W): \_\_\_\_\_ Colour: \_\_\_\_\_  
 Email: \_\_\_\_\_ Please tick  if there has been a change of address or contact details:

**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	Date of Treatment	Dates of first clinical signs (include dates of previous related or similar conditions)	Total Charge
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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.

sign here ► Signature of Policyholder: **X** \_\_\_\_\_ Date: \_\_\_\_\_

sign here ► Signature of Vet: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Name attending Vet: (please print): \_\_\_\_\_

**Please mail completed claim form to:** Petsecure – Claims Department. Locked Bag 9021, Castle Hill, NSW 1765  
 Underwritten by The Hollard Insurance Company Pty Limited, ABN 78 090 584 473, AFSL 241436  
 Claim Queries between 9am and 4pm (EST) on 1300 855 160

**OFFICE USE ONLY**

## Making a claim in 4 easy steps

### Step one

Obtain a Vet Expenses Claim Form by contacting Petsecure on 1300 855 160 between 8:30am and 5 pm Monday – Friday (Sydney time). You may also obtain a Vet Expenses Claim Form by visiting our website at [www.petsecure.com.au](http://www.petsecure.com.au)

### 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.



**Petsecure  
Claims Department  
Locked Bag 9021  
Castle Hill  
NSW 1765**

**Claim Checklist ? Prior to sending in your claim do you have?**

- A Completed Vet Expenses Claim Form
- The Actual Itemised invoice and receipts
- Have you and your Vet signed this form?

**Please Note: All claims should be submitted and received within 60 days of treatment**

**Claims Department is available between 9am and 4pm Monday – Friday (EST)**

**1300 855 160**

**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.