



ABC Pet Insurance Veterinary Fee Claim Form

Part 1: To be completed by the policy owner

Policy number: 123 456 789		
Pet's Name: <i>Charlie</i>	Species: <i>Canine</i>	Breed: <i>Labrador</i>
Gender: <i>Male</i>	Desexed: <i>Yes</i>	Pet's Age/D.O.B: <i>01/01/17</i>
Colour: <i>Yellow</i>		
Your Details		
Title: <i>Miss</i>	First name: <i>Kim</i>	Last name: <i>Canine</i>
Email: <i>kimcanine@dogmail.com</i>	Address: 123 Dog Street	
Suburb: Dogsville	State: <i>NSW</i>	Postcode: <i>2000</i>
Phone (home): <i>9999 9999</i>	Mobile: <i>0411 222 33</i>	

Part 2: To be completed by the vet

Type & cause of injury or condition/diagnosis	Date of treatment	Dates of first clinical signs (include dates of previous related or similar conditions)	Total charge
<i>Charlie was hit by a car and broke his front left femur. X-Ray to confirm fracture.</i>	<i>01/04/18</i>	<i>01/04/18</i> This was an injury that occurred as a result of the car accident early AM on the date.	\$800.00

Summary: Please attach radiology, pathology reports and consultation notes where applicable.

How long has this pet been a client of your clinic?	Less than 6 Months	More than 6 Months
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Case notes: Charlie's XRay revealed a fracture in his front left femur (radiology reports attached). The leg was set and painkillers were prescribed.

Date of last vaccination/booster: _____ **Type of vaccination:** *Kennel Cough*

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 veterinary services as detailed in the account(s) submitted with this claim have been provided and I/we understand that policy administrators 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: <i>K.Canine</i>	Date: <i>10/04/2018</i>	Name of attending veterinarian and practice: <i>Dr Peter Bark. ABC Veterinary Clinic</i>
Signature of veterinarian: <i>Dr.P.Bark</i>	Date: <i>10/04/2018</i>	
Veterinarian registration no: <i>000 333</i>		Registration state: <i>NSW</i>