# PetSure

## For a life with pets

## Pre-approval (Pre-authorisation) request form

Use the following form to request a pre-approval (pre-authorisation) for your pet insurance claim for any pet insurance provider administered by PetSure (check our brand partner list at petsure.com.au/partners).

### To be completed by the pet owner

Policy holder name _____

Pet insurance provider _____

Policy number _____

Name of procedure _____

Total cost of procedure _____

Scheduled date of procedure _____

Date of condition's first signs or symptoms _____

Previous Vet (If applicable) _____

Pet's name _____

Species _____

Breed _____

Date of birth _____

Please note: pre-authorisation is only granted for reasonable and customary treatment and costs relating to the procedure.

### Description of Procedure
(Please include alternative procedures for this condition if available)

### Pre-Authorisation Paperwork Checklist

Prior to submitting this form, please ensure that you have a:

○ Relevant clinical records records and/or your pet's veterinary history
*This includes all medical records from all facilities that have seen your pet (including emergency and specialist facilities). When requesting records from your veterinarians, please stress that they must include notes from veterinarian's exams. A medical summary is not acceptable.*

○ Details of treatment required

○ Full itemised estimate of costs relating to procedure from the treating veterinarian

Once you have all of the necessary documentation please forward it via either fax to 1300 738 979 or email to claimreview@petsure.com.au

### Important Note

The insurer is relying on the information provided in this form when providing pre-approval. A claim for reimbursement of veterinary expenses will still need to be made and assessed following treatment. If the treatment provided by your vet differs from the approved pre-authorisation of veterinary expenses, the reimbursement amount may vary. Veterinary charges associated with the completion of this form are not covered under your policy.

_____

**Prefered contact email address**

_____

**Date**