

Claim No. _____



For office use only
Join date: _____
Payment type: _____

Underwritten by The Hollard Insurance Company Pty Ltd.
ABN 78 090 584 473.AFSL:241436
Claim Queries between 9am and 4pm Sydney Time on 1300 668 890

GOOD HEALTH REWARDS REBATE FORM

Important Notes:

- Please utilise this Rebate Form to claim for all items and procedures that are not a result of an unexpected illness or accidental injury.
- Please use a separate Rebate Form for each insured pet.
- Claims must be submitted in writing to Vets Own within 30 days of policy renewal date (the renewal date is 12 months from join date).
- Faxed claims will not be accepted.

Microchip number _____

Insured's Policy Number _____

Policy Holder's Name _____

Pet's Name _____

Address _____

Dog Cat Male Female

Age/DOB. _____ Colour _____

State _____ Post Code _____

Breed _____

Telephone (H) _____ (W) _____

Please tick if there has been a change of address:

This section is to be completed by the Veterinarian in full to ensure speedy processing of your claim

Treatment /Product (Please list)	Treatment/ Purchase Date	Cost	Treatment /Product (Please list)	Treatment/ Purchase Date	Cost
Vaccination	/ /	\$		/ /	\$
De-Sexing	/ /	\$		/ /	\$
Heartworm Control	/ /	\$		/ /	\$
Microchip Implant	/ /	\$		/ /	\$
Teeth Cleaning	/ /	\$		/ /	\$
	/ /	\$		TOTAL	\$

Important: only submit Good Health Rewards Rebate Form once your total expenditure for these items has reached a cost of \$200 per pet per policy period.

Please mail: Completed Rebate Form and attach ACTUAL itemised invoices if applicable to:
Vets Own Pet Health Insurance – Claims Department Locked Bag 9021 Castle Hill NSW 1765

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 Vets Own will assess the claim in accordance with the cover selected and benefits payable by the policy. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of the claim.

Signature of pet owner: _____ Date _____

Signature of Veterinarian: _____ Date _____

Name of attending Veterinarian: (Please print) _____ Practice Name _____

CLAIMING YOUR GOOD HEALTH REWARDS

As a valid member of Vets Own Pet Health Insurance you are entitled to a rebate of \$100 per pet per policy year once you have spent at least \$200 on eligible Good Health Rewards at your veterinarian.

Your Vet recommends that you keep your pet fully vaccinated, wormed, protected against parasites like heartworm, fleas and ticks, and that the teeth are kept clean and free from scale and tartar. Good Health Rewards include vaccinations; desexing; flea, tick and heartworm control; routine teeth scale and polishing; special prescription diets prescribed by your veterinarian; microchipping; and any other bona fide procedure or product that your veterinarian certifies is necessary for your pet's continued good health. Your Veterinarian will assist you in completing the Good Health Rewards Rebate Form.

The cover provided is subject to the terms and conditions detailed in this policy and is limited to the cover selected by you and the pet(s) nominated for insurance as shown on your current Certificate of Insurance.

Claims For the Vets Own Good Health Rewards rebate must be submitted on a Good Health Rewards claim form and must only be submitted once the incurred expenses reach \$200 per each insured pet.

NOTE: If you chose to pay your premiums by the month, then rebates for the Good Health Rewards will be delayed until 3 (three) monthly premium payments have been received. This does not apply to premiums paid annually

Step One:

Obtain a claim form by contacting Vets Own Pet Health Insurance on 1300 668 890 between 8:30am and 4 pm Monday – Friday (Sydney time). You may also obtain a rebate form by visiting our website at www.vetsown.com.au

Step Two:

Fill in your and your pet's personal information and sign the claim form.

Step Three:

Take the form to your Veterinarian, and have your Veterinarian complete the applicable sections. Ensure your Veterinarian includes his/her Practice details and verifies that the treatments were rendered and products purchased.

Step Four:

Attach receipts and invoices where applicable and mail to the address below




Vets Own
Claims Department
Locked Bag 9021
Castle Hill
NSW 1765

Claim Checklist ✓ Prior to sending in your Good Health Rebate Form?

- A Completed Form**
- Have you incurred costs of \$200 or more on eligible items?**
- Have you and your Veterinarian signed this form?**

Claims Department is available between 9am and 4pm Monday – Friday (Sydney Time)

 1300 668 890

e-Mail: vetsown@petsure.com.au