



# Veterinary Fee Claim Form

Claims should be submitted in writing and received with the original itemised invoice(s) within 90 days of the vet treatment being provided. Faxed claims will not be accepted. **Note: If this is your first claim please attach a complete veterinary history (medical records) from all current and previous veterinary clinics.** If you have previously provided this information to us, or if it is a routine care claim, you do not need to provide it.

## Part 1: To be completed by you, the policyowner

Microchip number \_\_\_\_\_ Insured's Policy Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Address \_\_\_\_\_ Dog  Cat  Male  Female

\_\_\_\_\_ Pets Age /DOB. \_\_\_\_\_ Colour \_\_\_\_\_

State \_\_\_\_\_ Post Code \_\_\_\_\_ Breed \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Type of Claim: Illness  Injury

Email: \_\_\_\_\_

Please tick  if there has been a change of address:

If you are registered for GST and are entitled to a GST Input Tax Credit (ITC) on your premium, what is the ITC percentage?  %

ABN:  By leaving these details blank, the insured confirms that no entitlement to GST ITC exists.

## Part 2: To be completed by the vet to ensure efficient processing of your claim

| Type and cause of injury or condition/diagnosis | Date of Treatment | Dates of first clinical signs<br>(include dates of previous related or similar conditions) | Total Charge |
|-------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------|--------------|
|                                                 |                   |                                                                                            |              |
|                                                 |                   |                                                                                            |              |
|                                                 |                   |                                                                                            |              |

**Veterinarian's Notes:**

**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

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 Vets Own 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:  \_\_\_\_\_ Date  \_\_\_\_\_

Signature of Veterinarian:  \_\_\_\_\_ Date  \_\_\_\_\_

Name of attending Veterinarian & Practice: (Please print) \_\_\_\_\_

Veterinarian registration no: \_\_\_\_\_

Please mail your completed claim form to: Vets Own, Locked Bag 9021, Castle Hill, NSW 1765

# MAKING A CLAIM IS 4 EASY STEPS

## **Step One:**

Obtain a claim form by contacting Vets Own Pet Health Insurance on 1300 668 890 between 8:30am and 5pm Monday – Friday (Sydney time). You may also obtain a claim form by visiting our website at [www.vetsown.com.au](http://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 on the attached invoice.

## **Step Four:**

Attach detailed itemised invoices and payment receipts to the completed Vets Own claim form and mail it to Vets Own at the address below.



Vets Own  
Claims Department  
Locked Bag 9021  
Castle Hill  
NSW 1765

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

- A completed Claim Form
- The original itemised invoice and receipts
- Have you and your veterinarian signed this form?
- Attached a full veterinary history (medical records from previous veterinary visits) if this is your first Accident or Illness claim (no history is required for Routine Care claims)

**Please Note:** All claims must be submitted and received within 60 days of treatment. For claims that are not a result of an injury or illness please utilise the Good Health Rewards Rebate Form that was included in your welcome pack.

**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.

Claims Department is available between 8.30am and 5pm Monday – Friday (Sydney Time)



1300 668 890

e-Mail: [vetsown@petsure.com.au](mailto:vetsown@petsure.com.au)