Equine Claim Form for Veterinary Fees, Death or Permanent Loss of Use

Please use a separate claim form for each animal, each illness or injury and each treating veterinary practice.

How to make a claim:
Step 1  Please complete Section 1 of this claim form
Step 2  Take the claim form to your Vet and ask them to complete Section 2 and sign
Step 3  Please complete Section 3. Payee details
Step 4  Attach the original invoices and receipts to the completed claim form and post, fax or email to Petplan Australasia Pty Ltd

Petplan Australian Pty Ltd 1-3 Smolic Crt, Tullamarine, VIC 3043  Fax: 03 9339 3377  Email: claims@petplan.com.au

Section 1. Policyholder to complete

About You
Policy number ____________________________  Your Name ____________________________________________________________
Contact no. ____________________________  Email ____________________________________________________________
Postal address _______________________________________________________________  State __________  Postcode ______
☐ Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.

About Your Horse
Horse’s name ____________________________  Colour ____________________________  Height __________  Age __________
☐ Stallion/Colt  ☐ Mare/Filly  ☐ Gelding
Are you the sole owner? (Tell us who shares ownership on a separate page)  ☐ Yes  ☐ No
Is this horse insured with any other company? (Tell us details on a separate page)  ☐ Yes  ☐ No
Was anyone else responsible for your horse when it was injured or became ill? (Tell us details on a separate page)  ☐ Yes  ☐ No
Name of your usual vet ________________________________________________________________
Address __________________________________________________________  Postcode ______  Contact no. ____________________________

About Your Claim
What are you claiming for?
☐ Vet fees  Have you claimed for this condition before?  ☐ Yes  ☐ No  If yes, please provide claim no. ____________________________
☐ Permanent loss of use
☐ Death/humane destruction  When did the horse die or was destroyed?  Date _____ / _____ / _____  Time __________________ AM/PM
☐ Disposal costs
Are you claiming for the cost of correct shoeing?  ☐ Yes  ☐ No  If yes, how much does your shoeing normally cost? $ ________ per set
What was the horse being used for when it became ill or injured? ________________________________________________________________
Where did the illness or injury occur? ________________________________________________________________
When did the illness or injury occur?  Date _____ / _____ / _____  Time __________________ AM/PM
When was the vet first called?  Date _____ / _____ / _____  Time __________________ AM/PM
If there was more than 24 hours before the vet attended advise reason ____________________________
Details of the illness or injury (please give precise details of the part of the body affected) ________________________________________________________________
Section 2. Please ask your vet to complete this section

About the illness or injury

Did the horse die due to this illness or injury? (A post mortem must be carried out unless we have advised that it is not required) □ Yes □ No

Was the horse euthanised due to the illness or injury? □ Yes □ No

Did the horse’s condition meet the guidelines set by AVA for immediate destruction? □ Yes □ No

Have you sent us a claim for this illness or injury before? □ Yes □ No

When did the illness or injury first begin? Date

Is the illness or injury likely to need further treatment? □ Yes □ No

Diagnosis of illness or injury, or clinical signs if no diagnosis has been made

Please give history and dates if this horse has been seen before for this illness or injury, any similar or related illness or injury, or any similar or related clinical sign

Is the illness or injury being claimed for related to this history? □ Yes □ No

About the treatment

Date of treatment Does the horse require remedial farriery? □ Yes □ No

If yes, please advise how many feet this is for

Did you recommend any alternative treatment? □ Yes □ No If yes, please give details

Declaration By Veterinary Practice

This practice is authorised to have the claim(s) paid direct □ Yes □ No

I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief.

Name Position in practice

Phone Fax

Email

Signature (Vet practice manager) Date

(Vet practice stamp here)

Section 3. Payee details

PLEASE COMPLETE ONE OF THE FOLLOWING Please understand that we will not pay your vet unless it has been previously agreed with them to do so. Please check with your vet prior to selecting your payment option below.

□ Pay Vet. I/We have arranged with my/our vet and would like this claim paid directly to them, less my excess and any other non-claimable items.

Name of the vet practice

□ or Pay Policyholder(s). I/We wish the claim to be paid to the policyholder(s) name on the Certificate of Insurance.

□ Electronic payment into policyholder’s bank account

Account name BSB Account number

What happens next:

Once we receive the necessary documentation, your claim will be processed as quickly and easily as possible. If you have any questions about your claim please call us on 1300 738 225 between 8:30am – 5:00pm (AEST) Monday to Friday.