Claim Form for veterinary fees

Please note there are items that are not claimable under your Policy, these include, but not limited to: routine and preventative healthcare (shampoo, nail clipping, teeth cleaning, worming, desexing and vaccinations), any illness that occurred within your waiting period and or were a pre-existing condition. If in doubt, please refer to your PDS and Certificate of Insurance. Please also check your policy’s excess amount before completing in this form.

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  Attach the original invoices and receipts to the completed claim form and post, fax or email to Petplan Australasia Pty Ltd

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

Section 1. Your and your pet’s details

Are you completing this form for a:  New illness or injury or;  Continuation illness or injury

Policy number __________________________________  Your Name ________________________________________________
Day phone ___________________________ Home phone ___________________________ Mobile phone ___________________________
Email
Postal address __________________________________________ State ______________________ Postcode __________
Pet’s name __________________________________________ Pet’s date of birth __________
Is this pet insured with any other company?  Yes  No
If Yes, what is the name of the insurance company ___________________________________________________________
Have you, or are you intending to lodge a claim for this illness/injury with them?  Yes  No

Details of your pet’s illness

What condition are you claiming for? __________________________________________________________
Please tell us the date you first noticed any signs that your pet was unwell or injured before booking an appointment with your vet.
Date and time condition first noticed ______ / ______ / ______ am / pm
Please tell us the names and addresses of all the vet practices where the pet has attended.*Please use a separate sheet of paper for more than one.
Practice Name __________________________________ Phone __________________________ Treatment date from ______ / ______ / ______ to ______ / ______ / ______

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
(If you pay your premium by bank account, we will transfer your claim amount to this account)

☐ Electronic payment into a chosen bank account
(If you pay your premium by credit card, we will transfer your claim amount to the Bank account nominated below)
Account name ______________________________ Account number ______________________________ BSB _______________
Section 2. Please ask your vet to complete this section

General information

When was this pet first registered at your practice? _____ / _____ / _____

If this pet has been referred please give the name, address and telephone number of the practice which referred it.

Name __________________________ Address __________________________
State ______________ Postcode ______________ Phone __________________________

About the illness or injury

Condition

Name of the illness or injury (if no diagnosis has been made, please give clinical signs) __________________________

Treatment date from _____ / _____ / _____ to _____ / _____ / _____

Did death or euthanasia result from this illness or injury? ☐ Yes ☐ No Date of death _____ / _____

If the pet was put to sleep, did you recommend this? ☐ Yes ☐ No Is this claim a continuation of a previous claim? ☐ Yes ☐ No

To your knowledge, has this pet been seen before for:

This illness or injury ☐ Yes ☐ No Any similar or related illness or injury ☐ Yes ☐ No

Any similar or related clinical signs ☐ Yes ☐ No

If Yes, please provide the history with dates __________________________ Date _____ / _____

Total amount being claimed (inc. GST) $ __________

Declaration By Veterinary Practice

This practice has an Agreement to be paid direct by Petplan ☐ 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 stamp here)

(To be signed by consulting Vet) Date _____ / _____

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.

We value your feedback

Please leave your review at feefo.com.au or productreview.com.au

Share your story on our website & social media

Email us at marketing@petplan.com.au (remember to include a few pictures)