

Pounce Pet Insurance 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.

1. To be completed by you, the Policy owner

Policy number:

Your pet's details

Your pet's name:

Species: Dog Cat

Gender: Male Female

Desexed: Yes No

Your details

Title: First name: Surname:

Address:

Suburb: State: Postcode:

Phone: (home) (work) (mobile)

Email:

Please tick if there has been a change of address or contact details:

If you 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.

Please mail your completed claim form to Pounce Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765.

2. To be completed by the vet to ensure efficient processing of your claim

Is this claim for Routine Care? If yes, simply attach the invoice and complete the declaration below.

Type and cause of injury or condition/diagnosis being claimed	Date of treatment	Dates of first clinical signs (includes dates of previous related or similar conditions)	Total charge
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Summary: Please attach full veterinary history, radiology, pathology reports and consultation notes where applicable.

How long has this pet been a patient of your clinic? Less than 6 months More than 6 months

Case notes:

Date of last vaccination/booster: Type of vaccination:

3. 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 veterinary services as detailed in the account(s) submitted with this claim have been provided and I/we understand that policy administrators 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 veterinarian:

Date:

Your Veterinarian Registration Number:

Registration State:

Name of attending veterinarian
and practice: (please print
or stamp)

Signature of Policy owner:

Date:

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