

Pounce Pet Insurance

Pre-existing Condition Review Form



You can submit this form to request a review of a Pre-existing Condition that may be excluded from your policy. Please arrange for your vet/s to complete all applicable sections. Both you and your vet/s are required to certify and provide veterinary records to verify that your pet has been free of the noticeable signs, symptoms or an abnormality of the Pre-existing Condition (or any Condition(s) arising directly from this Condition) for 18 months up to the completion date of this form.

Your request for a review cannot be completed without all the necessary supporting documentation.

Please allow 30 days for us to complete the review. You will be notified of the outcome of your request in writing.

Note: As at the date of this form, your pet must have been free of noticeable signs, symptoms or an abnormality of the Condition deemed Pre-existing, and any related Condition(s) for a minimum continuous period of 18 months.

- Conditions that cannot be cured (otherwise known as Chronic Conditions) are not eligible for Pre-existing Condition exclusion review. These include Chronic Conditions, Cruciate Ligament Conditions, intervertebral disc disease, hip dysplasia, elbow dysplasia, patella luxation, and endocrine diseases.
- This review will be done in accordance with the current policy terms & conditions.
- Any costs associated with the completion and submission of this form are not covered by your policy.

1. Your (Policy owner) details

Policy number:	<input type="text"/>				
Title:	<input type="text"/>	First name:	<input type="text"/>	Surname:	<input type="text"/>
Email:	<input type="text"/>		Telephone:	<input type="text"/>	
Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>

2. Pet's details (Please complete one form for each insured pet)

Pet's name:	<input type="text"/>	Species:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat
Breed:	<input type="text"/>	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Pet's age/D.O.B:	<input type="text"/>			

3. Pre-existing condition exclusion(s) that you would like reviewed and waived

Provide details of the Condition (or organ/body part) to which this exclusion request relates:	1.	<input type="text"/>
	2.	<input type="text"/>
	3.	<input type="text"/>

4. Policy owner declaration

Has your pet shown any noticeable signs, symptoms or an abnormality or received any treatment relating to the Condition and/or organ/body part identified in section 3 above over the past 18 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the question above, please indicate the date/s and describe the treatment and/or symptoms noted.	1.	<input type="text"/>
	2.	<input type="text"/>
	3.	<input type="text"/>

5. To be completed by veterinarian

Veterinarian's instructions: Please examine the pet and provide supporting documentation such as test results, clinical notes and/or veterinary history records (where applicable) to support this review.

Policy Owner's Surname:

Pet's Name:

Date of examination:

Condition(s) being reviewed:

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

Date:

If this pet was referred to your practice, please provide details of the referring practice:

Please indicate the earliest date that this Condition was first noted or diagnosed (as stated by the client or noted in your records)?

Date:

Date on which this Condition, or any related Condition/body part or organ, was last treated?

Date:

When was the last time you saw this pet, and for what reason?

In your opinion what is the probability of this Condition, or any related Condition, requiring treatment within the next 12 months?

Please provide any additional notes or comments to support this application:

6. Declaration

I/We certify that the information given in this form and any supporting documentation is truthful, accurate and complete. No information likely to affect this review 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 review and/or cancellation of the policy. I/We understand that the Administrators will assess information provided in accordance with the policy terms and conditions. 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 a removal of a pre-existing exclusion. I/We consent to IAL, PetSure and Hollard collecting, storing, using and disclosing personal information (including sensitive information) as set out in the Privacy Notice contained in this form. If I/We have provided or will provide information to Pounce, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to IAL, PetSure or Hollard and also to give this consent on both my and their behalf.

Signature of veterinarian:

Date:

Signature of policy owner:

Date:

Name of attending veterinarian and practice (please print):

Veterinarian registration no:

Registration state:

Please mail this completed form to Pounce Pet Insurance, Locked Bag 9021, Castle Hill, NSW 1765 or email to contact@pouncepetinsurance.com.au. Please note that the issuance or completion of this form does not acknowledge liability or guarantee a removal of a pre-existing exclusion.

Privacy Notice

In this Privacy Notice, 'we', 'us' or 'our' refers to IAL, PetSure and Hollard. We collect personal and, in some cases, sensitive information from you for the purpose of administering your insurance policy, including responding to your enquiries and processing, assessing and paying claims. If you do not provide this information to us we may not be able to carry out the services you require. We may have to disclose your personal and other information to third parties and related companies who assist us in providing our products and services, or other parties required by law. Some of the companies we may disclose your personal information to may be located overseas, including in the Philippines, South Africa, New Zealand, United States of America and the United Kingdom. If you wish to access, update or correct any personal information, make a complaint about a breach of privacy or if you have any other query relating to privacy, please see the contact details in the Privacy section in the Product Disclosure Statement available at pouncepetinsurance.com.au.