

# Veterinary Fee Claim Form

Please attach all relevant invoices and clinical records from your vet for this claim. In some instances, we may require more information to process your claim, such as previous medical history or pathology results. If this is the case, we will contact you for this information.

- If you have previously provided this information to us, or if it is a routine care claim, you do not need to provide it. If you do not provide this information as requested, there may be a delay in assessing your claim.
- Faxed claims will not be accepted.
- Please use a black pen and print in CAPITALS.

## Privacy Notice

In this Privacy Notice, 'we', 'us' or 'our' refers to PetSure (Australia) Pty Ltd ABN 95 075 949 923, Greenstone Financial Services Pty Ltd (GFS) ABN 53 128 692 884, AFSL 343079 trading as Buddy Pet Insurance and/or The Hollard Insurance Company Pty Ltd ABN 78 090 584 473. 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 [buddypetinsurance.com.au](http://buddypetinsurance.com.au)

## 1. To be completed by the Policyholder

Buddy Pet Insurance policy number: \_\_\_\_\_

### Your pet's details

Your pet's name: \_\_\_\_\_  
☐ Dog ☐ Cat Gender: ☐ Male ☐ Female Desexed: ☐ Yes ☐ No  
 Pet's date of birth:  /  /  Colour: \_\_\_\_\_ Breed: \_\_\_\_\_

### 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: ☐

## 2. Record of veterinary services

Please ask your treating vet to complete in order to ensure efficient processing of your claim.

Type and cause of injury or condition/diagnosis	Treatment dates	Dates of first signs or symptoms (include dates of previous related conditions)	Total charges

**Please attach full veterinary history, 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

**Notes:**

**Note:** If this is your pet's first claim please attach a complete veterinary history (medical records) from both 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.

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 processing or assessment of the 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 the information provided will be assessed 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.

SIGN HERE	<input type="text"/>	<input type="text"/>	Name of attending veterinarian and practice:
	Signature of Policyholder	Date	
SIGN HERE	<input type="text"/>	<input type="text"/>	
	Signature of treating Veterinarian	Date	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Registration State	
	Veterinarian Registration Number		

**Please mail your completed claim form to: Buddy Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765. Please do not staple documents**

### Make a claim in three easy steps

#### Step one:

Fill in your and your pet's information and sign the claim form.

#### Step two:

Take the form to your treating vet, and ask your vet to fully complete section 2 and sign the form in section 3.

#### Step three:

Combine the original detailed itemised invoices, payment receipts and the completed Veterinary Fee Claim Form. Please do not staple documents. Ensure your vet includes their practice details on the original invoice.

**Please mail your completed Claim Form to: Buddy Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765**

### How your claim is assessed

Once the necessary documentation is received, your claim will be processed without delay.

In many cases your claim can be processed directly without any additional veterinary records being required. However, in some cases additional veterinary records may be requested to assist in understanding some aspect of your claim to ensure it is processed correctly and fairly.

### How your claim will be paid

If you have elected to pay your premiums by direct debit your benefits will be paid directly into your nominated bank account.

If you have elected to pay your premiums by credit card you will need to nominate a bank account to receive claim benefits. Following the payment of your claim you will also receive a statement confirming payment.

### Claim checklist

Prior to submitting this form, please ensure that:

- ☐ You have included any relevant vet consultation notes
- ☐ You have completed the claim form
- ☐ You have included the original itemised invoices and receipts
- ☐ You and your vet have signed this form
- ☐ You have included an adoption certificate if your pet is an adopted or rescue pet (if not previously supplied to us)

**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.

**For any claim enquiry, please call 1300 051 080 between 8:00am – 8:00pm Monday to Friday AET (excluding NSW public holidays).**