



Please do not staple documents

Veterinary Fee Claim Form

Claims must be submitted and received in writing to Bow Wow Meow Pet Health Insurance together with the itemised invoice and receipts for payment in full within **60 days** of incurred veterinary expenses, unless otherwise stated in the policy document. Faxed claims will not be accepted.

Part 1: To be completed by the Pet Owner/Policy Holder

Insured's Policy Number: _____ Pet's Name: _____

Policy Holder's Name: _____ Dog Cat Male Female Desexed: Yes No

Address: _____ Pet's Age/DOB: _____ Colour: _____

_____ Breed: _____

State: _____ Postcode: _____ Email: _____

Telephone (H): _____ (W) _____ Please tick if there has been a change of address or contact details:

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

Note: If this is your pet's first claim or your pet has been insured with us for less than 6 months please attach a complete veterinary history from both current and previous veterinary clinics. If you have previously provided this information to us you do not need to resubmit it.

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

Type and cause of injury or Condition/Diagnosis	Date of Treatment	Dates of first clinical signs (include dates of previous related or similar conditions)	Total Charge

Veterinarian's Notes: (Case summary - please attach radiology and /or pathology reports if applicable)

Date of last vaccination/booster: _____ Type of Vaccination: _____

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 account(s) submitted with this claim have been paid in full 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 pet owner: ✕ _____ Date ✕ _____

Signature of Veterinarian: ✕ _____ Date ✕ _____

Name of attending Veterinarian: (Please print) _____

Please mail completed claim form to: **Bow Wow Meow – Claims Department Locked Bag 9021, Castle Hill, NSW 1765**

Underwritten by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473.AFSL 241436

Claim Queries between 9am and 4pm (EST) on 1800 668 502

CFBMW01/08



Making a Claim In 4 Easy Steps

Step One:

Obtain a claim form by contacting Bow Wow Meow Pet Health Insurance on 1800 668 502 between 8:30am and 5 pm Monday – Friday (Sydney time). You may also obtain a claim form by visiting our website at www.bowwow.com.au/petinsurance

Step Two:

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

Step Three:

Take the claim form to your Veterinarian, and have your Veterinarian complete the applicable sections. Ensure your Veterinarian includes his/her Practice details on the attached invoice.

Step Four:

Attach detailed itemised invoices and payment receipts to the completed Claim form and mail it to us at the address below.

Bow Wow Meow Pet Health Insurance
Claims Department
Locked Bag 9021
Castle Hill
NSW 1765

Claim Checklist

Prior to sending in your claim have you:

- Completed the Claim Form?
- Attached the actual itemised invoice and receipts?
- And your Veterinarian signed this form?
- Attached a Veterinary History if this is your first claim?

Please Note: All claims should be submitted and received within 60 days of treatment

Our Claims Department is available between 9am and 4pm Monday – Friday (EST)
1800 668 502

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.

CfBWM01/08