



Horse

Claim Form for Veterinary Fees, Death or Permanent Loss of Use

Please use a separate claim form for each animal, each illness or injury and each treating veterinary practice.

How to make a claim:

- Step 1** Please complete and sign 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** Please complete Section 3. Payee details
- Step 4** Attach the original invoices and receipts to the completed claim form and post, fax or email to:
Petcover Australasia Pty Ltd 1-3 Smolic Crt, Tullamarine, VIC 3043 Fax: 03 9339 3377 Email: info@petcover.com.au

Section 1. Policyholder to complete

About You

Policy number _____ Your Name _____
 Contact no. _____ Email _____
 Postal address _____ State _____ Postcode _____

Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.

Address where Pet resides/resided (if different to above) _____

Address where loss occurred (if different to above) _____

About Your Horse

Horse's name _____ Colour _____ Height _____ Age _____

Stallion/Colt Mare/Filly Gelding

Are you the sole owner? (Tell us who shares ownership on a separate page) Yes No

Is this horse insured with any other company? (Tell us details on a separate page) Yes No

Was anyone else responsible for your horse when it was injured or became ill? (Tell us details on a separate page) Yes No

Name of your usual vet _____

Address _____ Postcode _____ Contact no. _____

About Your Claim

What are you claiming for?

Vet fees Have you claimed for this condition before? Yes No If yes, please provide claim no. _____

Permanent loss of use

Death/humane destruction When did the horse die or was destroyed? Date _____ Time _____ AM/PM

Disposal costs

Are you claiming for the cost of correct shoeing? Yes No If yes, how much does your shoeing normally cost? \$ _____ per set

What was the horse being used for when it became ill or injured? _____

When did you notice the first clinical signs of the condition you are claiming? Date _____ Time _____ AM/PM

When did the illness or injury occur? Date _____ Time _____ AM/PM

When was the vet first called? Date _____ Time _____ AM/PM

If there was more than 24 hours before the vet attended advise reason _____

Details of the illness or injury (please give precise details of the part of the body affected) _____

Declaration By Policyholder

I confirm that I am the policyholder and I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief.

Signature X Date _____

Section 2. Please ask your vet to complete this section

About the illness or injury

Did the horse die due to this illness or injury? *(A post mortem must be carried out unless we have advised that it is not required)* Yes No

Was the horse euthanised due to the illness or injury? Yes No

Did the horse's condition meet the guidelines set by AVA for immediate destruction? Yes No

Have you sent us a claim for this illness or injury before? Yes No

According to your notes, when did the pet owner first notice clinical signs of the condition?

Date _____ Time _____ AM/PM

Is the illness or injury likely to need further treatment? Yes No

Diagnosis of illness or injury, or clinical signs if no diagnosis has been made _____

Please give history and dates if this horse has been seen before for this illness or injury, any similar or related illness or injury, or any similar or related clinical sign _____

Is the illness or injury being claimed for related to this history? Yes No

About the treatment

Date of treatment _____ Does the horse require remedial farriery? Yes No

If yes, please advise how many feet this is for _____

Did you recommend any alternative treatment? Yes No If yes, please give details _____

Declaration By Veterinary Practice

This practice is authorised to have the claim(s) paid direct 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 X

(Vet practice stamp here)

(Vet practice manager) Date _____ / _____ / _____

Section 3. 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 _____

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

Account name _____ BSB _____ Account number _____

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 731 324 between 8:30am – 5:00pm (AEST) Monday to Friday.