



Mail completed form to:

Bow Wow Meow Pet Insurance
Locked Bag 9021, Castle Hill 1765 NSW

Or scan and email both sides of this form to:

bowwow@petsure.com.au

Please do not staple documents

Pre-existing Condition Exclusion Review Form

You can submit this form to request a review of a pre-existing condition 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 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 submission 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.
-  Conditions that cannot be cured are not eligible for pre-existing condition exclusion review. These conditions include chronic conditions, cruciate ligament conditions, intervertebral disc disease, hip dysplasia, elbow dysplasia, patella luxation and endocrine diseases. Please refer to your PDS for more information.
-  Any costs associated with the completion and submission of this form are not covered by your policy.

1. Your details:

Pet Insurance Policy number: _____

Title: _____ First name: _____ Surname: _____

Address: _____

Suburb/City: _____ State: _____ Postcode: _____

2. Pet's details: (One form to be completed per insured pet)

Dog / Cat: _____

Name: _____ Breed: _____ Pet's age /DOB: _____

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. _____
2. _____
3. _____

4. Policy owner declaration:

Has your pet shown any noticeable signs, symptoms, abnormalities or received treatment relating to the condition and/or organ/body part identified in section 3 above over the past 18 months? **Yes / No**

If you answered Yes to the question above, please indicate the date/s and describe the treatment and/or symptoms noted.

Pet Owner's signature: _____ Date: ____/____/____



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.

Owner's surname: _____ Pet's name: _____

Date of examination: ____/____/____

Condition(s) being reviewed: _____

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

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

Earliest date that this condition was first noted or diagnosed (as stated by the client or noted in your records)? ____/____/____

Date on which this condition, or any related condition/body part or organ, was last treated: ____/____/____

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: _____

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 information provided will be assessed 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 Bow Wow Meow, PetSure and/or The Hollard Insurance Company ABN 78 090 584 473 (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 Bow Wow Meow, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to Bow Wow Meow, PetSure or Hollard and also to give this consent on both my and their behalf.

Signature of Pet Owner: _____

Signature of Veterinarian: _____

Date: ____/____/____

Practice name or Practice stamp

Name of attending veterinarian and practice (please print):

PRIVACY NOTICE: In this Privacy Notice, 'we', 'us' or 'our' refers to Bow Wow Meow Pty Ltd ABN 76 124 601 127, PetSure (Australia) Pty Ltd ABN 95 075 949 923 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 bowwowinsurance.com.au

For assistance with the completion of this form, please call 1800 668 502 between 8.30am-5.00pm (AEST) Monday-Friday (except public holidays).

Please note the completion of this form does not mean an automatic waiver of any pre-existing condition exclusion.