






Make a claim in 3 easy steps

-  **1** Fill in your and your pet's information (Part 1) and sign the claim form.
-  **2** Take the claim form to your Vet and ask them to fully complete Part 2 and sign the form.
-  **3** Attach the original detailed itemised invoices, payment receipts and veterinary notes to the completed Claim form. Ensure your Vet includes their practice details on the original invoice. You can mail it to us at: Bow Wow Meow Pet Insurance, Locked Bag 9021, Castle Hill 1765 NSW or send it via email to bowwow@petsure.com.au
Did you know? You can also upload your claims to our Pet Portal: <https://petportal.bowwowinsurance.com.au/>

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 veterinary records being required. However, in some cases 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 or, when available, where our GapOnly™ claim system is used by your Vet to submit your claim, we will provide payment of your claim directly to your Vet.
- If you have elected to pay your premiums by credit card you will receive a cheque in payment of your benefits. Following the payment of your claim you will also receive a statement confirming payment.
- GST: If you are registered for GST and are entitled to a GST input Tax Credit (ITC) on your premium, please complete the following:

ITC percentage _____ % ABN _____

By leaving these details blank you confirm that no entitlement to a GST ITC exists.

Claim Checklist

Prior to sending in your claim have you:

- | | |
|---|---|
| <input type="checkbox"/> Completed the Claim Form? | <input type="checkbox"/> Attached the original itemised invoices, payment receipts and vet notes? |
| <input type="checkbox"/> Checked your Vet has signed this form? | <input type="checkbox"/> Attached a veterinary history if this is your first claim*
(Medical records from previous veterinary visits)? |

Our Claims Department is available on 1800 668 502 between 8am and 5pm (AEST) Monday - Friday (except public holidays)

*The full vet history is not necessary for Routine Care claims as that term is defined in your policy booklet.

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.



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

Veterinary Fee Claim Form

Claims must be submitted in writing with the original itemised invoice(s), payment receipts and veterinary notes for the vet treatment being provided. Faxed claims will not be accepted. For any queries, contact our Claims Department on 1800 668 502 between 8am and 5pm (AEST) Monday - Friday (except public holidays).

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

Pet Insurance Policy Number: _____ Policy Holder's Name: _____

Address: _____ Postcode: _____ State: _____

Home phone: _____ Work phone: _____ Email: _____

Pet's Name: _____ Pet's Age/DOB: _____ Dog Cat Male Female

Breed: _____ Colour: _____ Desexed: Yes No

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 please attach a complete veterinary history 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. 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.

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 accounts(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.

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

Veterinarian's signature: _____ Veterinarian's name: _____ Date: ____/____/____

Vet Registration Number: _____ Registration State: _____