



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 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 or Recurring 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.

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 that 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: _____

Examining Veterinarian's declaration

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 Administrators will assess information provided 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.

Signature of Pet Owner: _____

Signature of Veterinarian: _____

Date: ____/____/____

Name of attending veterinarian and practice (please print):

Practice name or Practice stamp

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.