



VETERINARY FEE CLAIM FORM

Claims should be submitted in writing and received with the original itemised invoice(s) within 90 days of the vet treatment being provided. Faxed claims will not be accepted.

STEP 1. TO BE COMPLETED BY YOU, THE POLICY OWNER

Policy number:

YOUR PET'S DETAILS

Pet's name:

Species:

Dog

Cat

Gender:

Male

Female

Desexed:

Yes

No

Pet's age/
date of birth:

Colour:

Breed:

YOUR DETAILS

Title:

First name:

Surname:

Address:

Suburb/City:

State:

Postcode:

Phone: (home)

(work)

(mobile)

Email:

Please tick if there has been a change of address or contact details:

If you are registered for GST and are entitled to a GST Input Tax Credit (ITC) on your premium, what is the ITC percentage?

%

ABN By leaving these details blank, the insured confirms that no entitlement to GST ITC exists.

STEP 2. TO BE COMPLETED BY THE VET TO ENSURE EFFICIENT PROCESSING OF YOUR CLAIM

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

Case summary: please attach radiology, pathology reports and consultation notes where applicable.

How long has this pet been a client of your clinic?

Less than 6 months

More than 6 months

Notes:

Note: If this is your pet's first claim please attach a complete veterinary history (medical records) 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.

Date of last vaccination/booster:

Type of vaccination:

STEP 3. 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 veterinary services as detailed in the account(s) submitted with this claim have been provided 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 Policy Owner

Date

DD / MM / YYYY

Signature of Veterinarian

Date

DD / MM / YYYY

Your Veterinarian Registration Number

Registration State

Name of attending Veterinarian and practice: (please print or stamp)

Please mail your completed claim form to: Petbarn Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765.

PLEASE DO NOT STAPLE DOCUMENTS.

MAKE A CLAIM IN THREE EASY STEPS

STEP ONE

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

STEP TWO

Take the form to your Vet, and ask your Vet to fully complete section 2 and sign the form.

STEP THREE

Attach the original detailed itemised invoices and payment receipts to the completed Petbarn Pet Insurance claim form. Please do not staple documents.

Please mail your completed claim form to: Petbarn Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765

HOW YOUR CLAIM IS ASSESSED

Once the necessary documentation is received, your claim will be processed without delay.

If submitting a claim for the first time, a full veterinary history from the attending Vet and any previous Vets who have treated your pet is required. For subsequent claims, consultations notes and an itemised invoice may be sufficient to process your claim.

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.

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.

CLAIM CHECKLIST

Prior to submitting this form, please ensure that you have:

- Completed the claim form
- Attached the original itemised invoice
- Had your Veterinarian sign the claim form
- Attached a full veterinary history (medical records from previous veterinary visits) if this is your first Accident or Illness claim

Please note: All claims should be submitted and received within 90 days of treatment.

NEED MORE CLAIM FORMS?

You can access copies of this form online at petbarn.com.au/insurance or by calling 1300 618 412 between 8am – 8pm Monday to Friday (AEST).

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.

Please mail your completed claim form to: Petbarn Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765

FOR ANY CLAIM ENQUIRY, PLEASE CALL 1300 618 412 BETWEEN 8AM – 8PM MONDAY TO FRIDAY (AEST).