

ADD A PET FORM

Attention: Membership Department
Tel: 011 481 1910 / 0860 738 787
Fax: 086 661 0990

| | |
|---------------------|-----------------------|
| Member Name: | Policy Number: |
|---------------------|-----------------------|

| ONLY NEW PETS | PET NO 1 | PET NO 2 | PET NO 3 | PET NO 4 |
|--|----------|----------|----------|----------|
| PETS NAME | | | | |
| DOG / CAT | | | | |
| BREED | | | | |
| COLOUR | | | | |
| BIRTH DATE | | | | |
| SEX (M / F) | | | | |
| MICROCHIP / TATTOO NUMBER (Essential for claiming) | | | | |
| STERILISED (SPAYED/ NEUTERED) | | | | |
| ANY VETERINARY TREATMENT OTHER THAN VACCINATIONS (Y/N) ** | | | | |
| Has the pet been treated in the last 90 days? (Yes/No) | | | | |
| DATE OF LAST VACCINATION (The insured animal(s) should have a current vaccination) | | | | |

** IF YES, PLEASE STATE BELOW OR GIVE DETAILS ON A SEPARATE SHEET OF PAPER

I authorise any veterinary surgeon who has treated my pet to provide the Insurer with any details regarding my pet's health they may require.

Name of Veterinary practice where pet(s) were seen: _____

Do you warrant that all the particulars and statements above are true and correct, and contain all the information known to you affecting the risks under the Sections to be insured, and that these statements and particulars, and any other statement, written or oral, for the purpose of the proposed insurance shall be the basis of, and incorporated in, the contract between yourself and PetSure / The Hollard Insurance Company Limited.

Signature: _____

Date: _____