

VETERINARY FEES CLAIM FORM & RELEASE

Instructions:

Please read fully prior to answering questions, all of which must be answered in full.

Kindly obtain, without expense to Underwriters, all necessary veterinary reports to support this claim.

13 Bowen Street (PO Box 1515)
Toowoomba Queensland 4350
Tel: (07) 4638 4233 (24hrs) Fax: (07) 4638 3369

1. Name and address of Insured:

.....
.....
.....Post code:

2. Contact number:

3. Policy number:

4. Period of Insurance:

5. Particulars of Animal

Age:

Sex:

Breed:

Colour & Identity Markings:

Sum Insured – Mortality:

\$.....

Sum Insured – Vet Fees:

\$.....

6. Date, time and place animal first ill or injured:

.....
.....
.....

7. Date and time veterinary surgeon first advised:
What was his initial diagnosis?

.....
.....
.....

Is the treatment complete or still ongoing?

.....
.....
.....

Has the animal made a complete recovery?

.....
.....
.....

****PLEASE ENCLOSE A VETERINARY REPORT AND SUPPORTING INVOICE****

8. Name and address of attending veterinary surgeon:

.....
.....
.....Post code:

9. For what purpose was the animal being used at the time it was found to be ill or injured, and if the animal was injured, how did the injury occur?

.....
.....
.....

10. In whose charge was the animal at the time of the illness or injury?
Give name and address:

.....
.....
.....Post code:

11. If the illness or injury was caused by the apparent negligence of any person, give name, address and occupation of that person.

Name & Address:

.....

Post code:

Occupation:

12. Give details of any previous illness or injury involving this animal whilst in your possession:

.....

13. Give details of any previous treatment or medication, other than routine vaccinations, administered to this animal whilst in your possession:

.....

14. Is the animal for which you are claiming veterinary fees insured elsewhere?

.....

15. Are you able to claim back VAT?

YES or **NO** (delete as applicable)

16. The INSURED hereby claims of the Underwriters subscribing to Certificate Number: Veterinary fees in respect of (the 'Claim'). The INSURED hereby accepts the sum of: \$..... (net of excess) in full and final satisfaction of the Claim, and releases the Underwriters from all liability in relation to the Claim.

17. Upon payment of the sum of \$.....stated above, the INSURED assigns by way of subrogation to the Underwriters all rights which he may have against any third parties in relation to the Claim; the INSURED agrees that the Underwriters may pursue recovery against such third parties in the name of the INSURED; and the INSURED will fully cooperate with the Underwriters in their pursuit of such subrogated rights in particular by the provision of information, documents and evidence, as required by the Underwriters or their representatives.



I hereby warrant the truth of the above answers and I understand that the issue of this claim form is in no way an admission of liability.

Signature of Insured: _____

Print name: _____

Date: _____