

# CLAIM FORM FOR VETERINARY FEES

Policy No:

ALL SCHEDULED SURGERY/INVESTIGATIONS REQUIRE PRE-APPROVAL  
 IN ORDER TO QUALIFY FOR PAYMENT  
**USE A SEPARATE FORM FOR EACH PET AND COMPLETE CLEARLY IN BLACK PEN  
 TO ENSURE THE CORRECT ASSESSMENT OF YOUR CLAIM**

## YOUR DETAILS

<b>Title: Dr/Mr/Mrs/Miss/Other:</b> .....	<b>Physical Address:</b> .....
<b>First Name:</b> .....	.....
<b>Last Name:</b> .....	<b>Postal Code:</b> .....
<b>ID No:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Postal Address:</b> .....
<b>Phone No:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.....
<b>Email Address:</b> .....	<b>Postal Code:</b> .....

## PET DETAILS

**Cat's Name:** .....

**Cat's Age:** .....

**Breed:** .....

## VET TO COMPLETE

**Type of claim:** Accident  Illness       **Date of Treatment:**

**Diagnosis:** .....

**When did the illness or injury occur/first show symptoms?** .....

**Did the illness or injury result in the death of the pet?** Yes  No       **Date of Death:**

**Name of Vet:** .....

**Signature of Vet:** .....

**Name of Practise:** .....

**Date:**

I understand that I am fully bound by my conscience in making this statement and that any misrepresentation of the facts constitutes fraud. I have no other insurance on the pet claimed for above. I hereby agree that the Insurers of the Policy may take over and conduct this prosecution for their own benefit of any claim for cover or otherwise and shall have full discretion in the conduct thereof.

Please send completed forms including copies of all receipts to:  
 Email Address : [claims@catsure.co.za](mailto:claims@catsure.co.za) or fax 0866585804

**INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICY HOLDER  
 PLEASE INCLUDE DETAILED INVOICES WITH YOUR CLAIM FORM**

**BROUGHT TO YOU BY: ADMINISTERED BY: UNDERWRITTEN BY:**

**Signature of pet owner:** .....

**Date:**

