

CLAIM FORM for Veterinary Fees

PLEASE MAKE SURE THIS CLAIM FORM IS COMPLETED CLEARLY AND IN FULL TO ENSURE THE CORRECT ASSESSMENT OF YOUR CLAIM
PLEASE COMPLETE A SEPARATE FORM FOR EACH PET
PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

We're happy to help!
 If you have any questions call us on
0800 MEDIPET (633 4738)



1. Policyholder to complete POLICY NUMBER

2. Policyholder to complete

Policyholder's name

Daytime telephone no

Email address

3. About your pet

Pet's name

Pet's date of birth

Is your pet a Dog Cat Male Female

Breed

4. Details of your pet's illness

What condition(s) are you claiming for?

Condition 1

Condition 2

For each condition, please tell us the date you noticed any signs that your pet was unwell before booking an appointment with your veterinary practice. Your claim may be delayed if we do not have this information

Date / / for Condition 1

Did the illness or injury result in the death of your pet? Yes No

Date of death

Name of practice

Telephone no.

Date / / for Condition 2

5. Vet to complete DECLARATION OF VETERINARY PRACTICE

I have checked the information on this claim form and invoice's and confirm that it is all correct to the best of my knowledge and belief

Name

Position in practice

Medipet practice no

Email address

Vet stamp

Signature

Date

IMPORTANT NOTES

- Medipet Pty Ltd administrates the policy on behalf of Renasa Insurance Company which underwrites the policy
- If the claim is being faxed, please retain all the original copies of the claim form and receipts
- Please use a separate claim form for each pet
- Please send completed forms including copies of all receipts to: **P O Box 31596, Tokai, 7966 / Fax (021) 701 2027**
- Email Address: **info@medipetsa.co.za**

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