

IF THIS IS THE FIRST CLAIM FOR THIS PET, PLEASE SUBMIT A FULL CLINICAL HISTORY

ASK YOUR VET TO COMPLETE THESE THREE SECTIONS

6. Vet practice to complete	GENERAL INFORMATION
When was this pet first registered at your practice? / /	
If this pet has been referred please give the name, address and telephone number of the practice which referred it.	
Name _____	
Address _____	
Telephone number _____	
In connection with the treatment claimed, did you make a house visit or provide out of hours treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, why? _____	

Is any part of this claim for a condition the pet can be vaccinated against? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, were the pet's vaccinations up to date at the time of treatment?	
Yes <input type="checkbox"/> Please give date of last vaccination / / No <input type="checkbox"/> Don't Know <input type="checkbox"/>	
Is any part of this claim for dental treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please enclose a full clinical history over the last 2 years. Not providing this will delay the client's claim.	
Is any part of this claim for treatment of a urinary problem? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, is the cost of diet food included in this claim? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please provide the name of the diet food being used and total cost being claimed.	
Name _____ Amount \$ _____	
In case of urinary problem, were crystals present? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, are the crystals: Oxalate <input type="checkbox"/> Struvite <input type="checkbox"/> Other <input type="checkbox"/>	
If other, please specify _____	
Please give dates and results of last 2 urine tests	
Date: / / Result _____	
Date: / / Result _____	

7. Vet practice to complete	ABOUT THE ILLNESS OR INJURY
Condition Name of the illness or injury <i>(if no diagnosis has been made, please give clinical signs)</i>	
_____ _____ _____ _____ _____ _____ _____	
Did death or euthanasia result from this illness or injury? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of death / /	
If the pet was put to sleep, did you recommend this? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this claim a continuation of a previous claim? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Treatment date: from / / to / /	
When did this illness or injury begin or show clinical signs? / / <i>(as started by the client and noted in your records)</i>	
To your knowledge, has this pet been seen before for:	
This illness or injury Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any similar or related illness or injury Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any similar or related clinical signs Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please provide the history with dates	
_____ Date: / /	
_____ Date: / /	

Total amount being claimed (inc. GST) \$ _____	

PLEASE ENCLOSE FULL ITEMISED INVOICES AND RECEIPTS TO SUPPORT THIS CLAIM

8. Vet practice to complete	DECLARATION BY VETERINARY PRACTICE	Vet practice stamp here
This practice is authorised to have the claim(s) paid direct Yes <input type="checkbox"/> No <input type="checkbox"/>		
I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief.		
Name _____		
Position in practice _____		
Phone _____		
Fax _____		
Email _____		
Signature _____ (Vet practice manager)		Date: / /

PLEASE USE A SEPARATE CLAIM FORM FOR EACH PET, EACH ILLNESS OR INJURY AND EACH TREATING VETERINARY PRACTICE

PLEASE SEND COMPLETED FORMS INCLUDING ALL RECEIPTS TO:

GUIDE DOGS PET INSURANCE, 1-3 SMOLIC CRT, TULLAMARINE, VIC 3043

Once we have received and lodged your claim, an SMS acknowledgement will be sent to the mobile number that we have on record. If you do not receive the SMS, feel free to call our customer care center at 1300 131 636 to update your mobile number on Guide Dogs Pet Insurance's records and to confirm that your claim has been received and lodged.

If this is your first claim, we will request a complete medical history for your pet. To fast track the history requesting process you may attach the complete medical history to your claim and provide us with the date you took on ownership of your pet and all vets attended whilst in your care.

All claims are processed in order of receiving them and we will deal with your claim as quickly as possible.



If you need an update on the status of your claim during the time that it is being processed, you can email us on

claims@guidedogspetinsurance.com.au