

Application Form

If you have more than 2 pets please give details on a separate sheet.

Owner's Details:

Title: _____ Full Initials: _____
 First Name: _____
 Surname: _____
 I.D. No: _____
 Postal Address: _____
 _____ Code: _____
 Physical Address: _____
 _____ Code: _____
 Tel (h): () _____ Tel (w): () _____
 Fax: _____ Cell: _____
 E-mail Address: _____

PETS DETAILS	PET No 1	PET No 2
Pet's Name		
Dog / Cat		
Breed		
Colour		
Birth Date of Pet(s)		
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Sterilised (spayed/neutered)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Any veterinary treatment other than vaccinations *	* <input type="checkbox"/> Y <input type="checkbox"/> N	* <input type="checkbox"/> Y <input type="checkbox"/> N
Has the pet been treated in the last 90 days?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Date of last vaccination		

*If yes, please provide details on a separate sheet or attach a medical history printout from your vet.

Vet's Details:

Name of Practice: _____
 Tel: () _____

Where did you hear about Pet99?

Vet	Practice	
Magazine	Name	
Existing Members	Name	
Word of Mouth	Source	
Broker Name & No		
Other	Details	

Have Your Pets Been Insured Previously

Y N

Name of Insurance: _____

Payment Methods - All premiums are inclusive of VAT

EFT (ANNUAL PAYMENTS ONLY)

If paying annually, please supply alternative banking details below for CLAIMS REFUND PURPOSES ONLY.

Debit Order Details

Payment must be made on or before the 4th of each month. If two or more debit orders are returned, Pet99 will not be held liable should the policy be automatically terminated or if claims incurred during this period are not paid.

Tick Appropriate Bank Account:

Nedbank FNB Standard ABSA

Investec Capitec

Other Bank used (if not mentioned above) _____

Account Number: _____

Account Holder: _____ Name of Branch: _____

Account Type (Chq /Savings): _____

Month of 1st Debit Order: _____

26th (for the next month) 1st 4th

- I hereby authorise The Hollard Insurance Company Ltd to draw from my account the monthly subscription due in terms of the cover I have chosen, including VAT at the ruling rate.
- I may cancel this Debit Authorisation by giving one calendar month's written notice.

Date: _____

Account Holder Signature: _____

IMPORTANT: Please Email: membership@petsure.co.za or Fax: 086 661 0990

- 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.
- I understand that pre-existing conditions and hereditary and congenital defects may not be covered by this Insurance.
- I warrant that all the particulars and statements above are true and correct, and contain all the information known to me affecting the risks under the Sections to be insured. I understand 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 myself and PetSure / The Hollard Insurance Company Limited.
- Acceptance of this insurance for any pet is at the discretion of the underwriters. We reserve the right to decline acceptance of a pet, to vary the conditions on which the insurance is accepted and to vary the conditions and premiums at any time. Before completing the Application Form please ensure that you have familiarised yourself with our Policy Document and the Terms and Conditions which can be found on our website www.pet99.co.za
- By completing and signing the Application Form you will be agreeing to Pet99's Terms and Conditions.

Policyholder's Signature: _____ Date: _____