



ADD-A-PET FORM

PLEASE COMPLETE THE FORM IN FULL (* REQUIRED FIELDS)

EMAIL TO: membership@petsure.co.za or Fax: 086 661 0990

Title* Mr Mrs Miss Ms Full name* _____

Cell no.* _____ Policy no.* _____

Email address* _____

Add New Pets Only	New Pet No. 1	New Pet No. 2	New Pet No. 3	New Pet No. 4
Pet's name				
Dog/Cat	Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/>
Breed				
Colour				
Birth date of pet				
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Microchip no./Tattoo no. (Not a condition of cover)				
Sterilised	Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>	Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>	Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>	Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>
Date of the last vaccination The insured animal(s) should have a current vaccination				
Has the pet ever received any other veterinary treatment (not vaccinations, deworming)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the pet been treated in the last 90 days (Yes/No)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

IF YES TO ANY OF THE ABOVE, PLEASE STATE BELOW OR GIVE DETAILS ON A SEPARATE SHEET OF PAPER.

DUTY OF DISCLOSURE:

- If you fail in your Duty of Disclosure we may be entitled to reduce or deny any claim you may make or cancel your policy.
- If you fraudulently keep information from us or deliberately make false statements we may cancel your contract and treat your policy as if it never existed. We also may be entitled to reclaim any payments already made to you in respect of claims.

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.

Name of Veterinary Practice where pet(s) were seen _____ Telephone no. _____

I understand that pre-existing conditions and hereditary and congenital defects are not 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/dotsure.co.za.

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 printed in this brochure at any time. By completing and signing the Add-a-Pet Form you will be agreeing to pet99's Terms and Conditions and have noted all the information found inside the pet99's Policy Document.

Signature _____

Date _____