

Exclusion Review Form

PROSURE* Vets Own Pet Insurance



Pre-Existing Condition Exclusion Review Form

You can submit this form to request a review of a Pre-existing Condition excluded from your policy. Please arrange for your Vet/s to complete all applicable sections. Both you and your Vet/s are required to certify and provide veterinary records to verify that your Pet has been free of the clinical signs, symptoms or recurrence of the Pre-existing Condition (or any Condition(s) arising directly from this Condition) for 18 months up to the completion date of this form. **Your request for a review cannot be completed without all the necessary supporting documentation.**

Please allow 30 days for us to complete the review. You will be notified of the outcome of your request in writing.

Note:

- A review can only be requested after the named pet has been insured with us continuously for at least **18 (eighteen) months**. As at the submission date of this form, your Pet must have been symptom-free of the Condition deemed **Pre-existing, and any** related Condition(s) for a minimum continuous period of **18 months**.
- Conditions that cannot be cured (otherwise known as Chronic or Recurring Conditions) are not eligible for Pre-existing Condition exclusion review.
- This review will be done in accordance with the current policy terms & conditions.

1. Your Details

(Brand Partner) Policy Number

Title First Name Surname

Address

Suburb/City State Post Code

2. Pet Details (1 form to be completed per insured pet)

Name Dog/Cat

Breed DOB / /

3. Pre-Existing Condition exclusion(s) that you would like reviewed and waived:

Provide details of the Condition (or organ/body part) to which this exclusion request relates;

1.

2.

3.

4. Policy Owner Declaration

Has your pet shown any symptoms, clinical signs or received any treatment relating to the Condition and/or organ/body part identified in section 3 above over the past 18 months?

Yes No

If you answered Yes to the question above, please indicate the date/s and describe the treatment and/or symptoms noted.

Your vet to complete following sections

5. To be completed by veterinarian

Veterinarian's instructions: Please examine the pet and provide supporting documentation such as test results, clinical notes and/or veterinary history records (where applicable) to support this review.

Owners Name

Pets Name

Date of Examination / /

- When was the pet first registered/treated at your practice?
 / /
- If this pet was referred to your practice, please provide details of the referring practice:
- Please indicate the earliest date that this Condition was first noted or diagnosed (as stated by the client or noted in your records)?
 / /
- Date on which this Condition, or any related Condition/body part or organ, was last treated
 / /
- When was that last time you saw this pet, and for what reason?
 / /
- In your opinion what is the probability of this Condition, or any related Condition, requiring treatment within the next 12 months?
- Please provide any additional notes or comments to support this application:

6. Declaration

I/We certify that the information given in this form and any supporting documentation is truthful, accurate and complete. No information likely to affect this review has been withheld. I/We understand that deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the review and/or cancellation of the policy. I/We understand that the Administrators will assess information provided in accordance with the policy terms and conditions. I/We authorise any Veterinary Surgeon who has treated my/our pet to provide to the insurer any details they may require. Please note that issuance or completion of this form does not acknowledge liability or guarantee a removal of a pre-existing exclusion.

Signature of pet owner: _____ Date: _____

Signature of veterinarian _____ Date: _____

Name of attending veterinarian and practice (please print): _____