

PET ACCIDENT AND FUNERAL SUPPORT BENEFIT CLAIM FORM



(Please use one form per pet)

PET OWNER'S DETAILS

Loyalty Program membership number			
Member's name & surname			
Member's identity number			
Residential address			Code
Cell		Tel. home	
Tel. work		Email address	

PET DETAILS

Pet name			
Please tick appropriate box	☐ Dog	☐ Cat	Please tick appropriate box ☐ Female ☐ Male
Breed		Pet's date of birth	

ACCIDENT DETAILS

Date of accident		Description of injury	
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FUNERAL SUPPORT

Date pet deceased		Cause of death	
Burial or cremation			

RECORD OF VETERINARY SERVICES (To be completed by the attending veterinarian)

Date of treatment	Veterinary practice/ service provider	Diagnosis (Details of your pet's injury)	Date first showed clinical signs	Total charged

YOUR BANKING DETAILS

If your claim is accepted, the reimbursement will show in your account within 14 working days after we have received all the required information.

Account holder name	
Bank name	
Branch name	
Account number	

YOUR PERSONAL INFORMATION

Pet & Pool & it's affiliated stores care about the safety of your personal information. We will treat your personal information with caution and we have put reasonable security measures in place to protect it. We will share the personal information you provide by completing this form with third party providers for the sole purpose of providing a benefit to you.

IMPORTANT NOTES

- Submit your claim to petclaims@petandpool.co.za within 60 days of the date of treatment.
- Please include all the below information when you submit your claim:
 - A completed claim form
 - Proof of payment
 - A detailed invoice from your Vet
- Incomplete information will result in a delay in processing your claim.
- There is a R300 excess which is the amount that you are responsible for on each and every claim, but it will be deducted from your refund.

DECLARATION BY PET OWNER

- I confirm that all the information provided in this claim form is true and correct.
- I confirm that I do not have pet insurance in place which covers the veterinary/cremation/burial costs in respect of the pet claimed for on this claim form.
- I authorise the Veterinarian whose details are on this form to provide Pet & Pool & it's affiliated stores or a third party provider with any details they may require.

Signature of Member		Date	
Signature of attending Veterinarian		Date	
Name & Surname of attending Veterinarian			

Vet stamp