PET PRE-AUTHORISATION FORM



Dear Valued Client

In order for us to review your claim you need to please complete the pet authorisation form and send it back to petpreauths@oneplan.co.za If claims are within the first twelve months from inception of the applicable insured pet's cover, please attach full veterinary history, provided by the vet. Once we have received all relevant documentation (please see last page of claim form) we will be able to assess the incident being claimed. Note that failure to provide the requested records will delay the assessment of your claim.

Completion of this form by the Insured or his/her mandated representative, does not in any way limit liability.

Any cost incurred in o	completion of this form will	be the responsibility of the Ins	ured.	
A. TO BE COMPLET	ED BY PET OWNER			
Name of Owner		Name of Pet		
Policy Number	Number		Breed	
Phone Number		Date of Birth	Date of Birth	
E-Mail				
IDENTIFICATION O	F PET (Please tick identific	ation and provide a descript	ion or number)	
Microchip	Tattoo	Birthmark	Other	
Description				
'				
DESCRIPTION OF IL	LLNESS OR INJURY AND HO	OW THE INJURY OCCURRED		
Date symptoms wer	re noticed / Injury occurred:			
B. TO BE COMPLET	ED BY TREATING VET			
Name of Practice				
Treating Vet				

(010) 001 0141 www.oneplan.co.za

Contact Person

E-Mail

2nd Floor, South Tower, Nelson Mandela Square, Corner Maude & 5th Street, Sandton City, Johannesburg, 2196

Underwritten By

NO

Contact Number

History Provided

YES

Diagnosis				
Were the pet's vaccinations up to date at the time of consultation?		YES	NO	
COMMENTS				

I, the undersigned confirm treatment of the Insured Pet as identified and described by the pet owner in Section A of this form.

VETERINARIAN STAMP					
	Signature:	Date:			

Please make sure to also include the following Documentation or information with your form:

- Fully completed form
- Full Veterinary/Medical history
- Detailed estimate for treatment/corrective procedure (for Pre-Authorisation)

