

# 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:**

- As at the submission date of this form, your Pet must have been free of noticeable signs, symptoms or an abnormality of the Condition deemed Pre-existing, and any related Condition(s) for a minimum continuous period of 18 months.
- Whether such a Condition is a Pre-existing Condition will depend on its nature and experience. If your Pet has a Temporary Condition that has not existed, occurred or shown noticeable signs, symptoms or an abnormality in the 18-month period immediately prior to your claim Treatment date, it will no longer be excluded from Cover as a Pre-existing Condition.
- Conditions that cannot be cured are not eligible for Pre-existing Condition exclusion review. These conditions include chronic conditions, cruciate ligament conditions, intervertebral disc disease, hip dysplasia, elbow dysplasia, patella luxation and endocrine diseases. Please refer to your PDS for further information.
- This review will be done in accordance with the current policy terms and conditions.

## 1. Your details

Policy number:

Title:  First name:  Last name:

Address:

Suburb:  State:  Postcode:

## 2. Pet's Details (one form to be completed per insured pet)

Your pet's name:  Species:  Dog  Cat

Breed:  Pet's age / 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.

### Veterinarian to complete sections overleaf

Please mail this completed form to:

Petmed Pet Insurance  
Locked Bag 9021  
Castle Hill NSW 1765

or email both sides of this form with all accompanying documentation to [petmed@petsure.com.au](mailto:petmed@petsure.com.au)

For assistance with any claim enquiry please call 1300 732 172 between 8.30am-5.00pm (AEST) Monday-Friday (except public holidays).

## 5. To be completed by a 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.

Owner's surname:

Pet's name:

Date of examination:

Condition(s) being reviewed:

When was this pet first registered/treated at your practice?

If this pet was referred to your practice, please provide details of the referring practice.


Earliest date this Condition was first noted/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.

SIGN HERE 	<input type="text" value="X"/>	<input type="text" value="DD / MM / YYYY"/>	Name of attending veterinarian and practice: (please print or stamp)
	Signature of Pet/Policy owner	Date	
SIGN HERE 	<input type="text" value="X"/>	<input type="text" value="DD / MM / YYYY"/>	
	Signature of Veterinarian	Date	
	<input type="text"/>	<input type="text"/>	
	Your Veterinarian Registration Number	Registration State	

For assistance with the completion of this form, please call 1300 732 172 between 8.30am-5.00pm (AEST) Monday-Friday (except public holidays).

Please note the completion of this form does not mean an automatic waiver of any Pre-Existing Condition Exclusion.