Pet

PET CLAIM FORM

Register your claim on the OUTsurance App. If you already registered your claim, please send the completed claim form to **petclaims@out.co.za** and **add the claim number in the subject line.**

Pet details

Claim number		Date	YYYY / MM / DD		
Pet name		Gender	Male ☐ Female ☐	Breed	

Claims Details - *Vet to complete*

Date of treatment	YYYY / MM / DD	Date first showed clinical signs	YYYY / MM / DD
Type of claim	☐ Accident	☐ Illness	

Was the pet admitted? *(admission is when you required the pet to be left at the practice during the day for observation, or to be kept at the practice for overnight admission)*	☐ Yes ☐ No

Medical diagnoses:

Is this a continuation of a condition that existed before the treatment date?	☐ Yes ☐ No

Additional vet notes:

Amount claimed (as per invoice)	R	Practice name	