



You can submit this form to request a review of a Pre-existing Condition that may be 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 noticeable signs, symptoms or an abnormality 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 can't 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.

- 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.
- This review will be completed in accordance with the current policy terms & conditions.
- Any costs associated with the completion and submission of this form are not covered by your policy.

Your (Policy Owner) details:

Policy number:

Title: First name: Surname:

Address:

Suburb/City: State: Postcode:

Your pet's details (Please complete one form for each insured pet):

Your pet's name: Species: Dog Cat

Pet's age/D.O.B.: Breed:

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:

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Policy owner declaration

Has your pet shown any noticeable signs, symptoms, abnormalities 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:

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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.

Policy Owner's name:

Pet's name: Examination date:

Condition being reviewed:

The date this pet was first registered/treated at your practice? Date:

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:

The date on which this Condition, (or any related Condition/body part or organ), was last treated? Date:

The date you last saw this pet, and for what reason?

In your opinion what's the probability of this Condition, (or any Related Condition/body part or organ), requiring treatment within the next 12 months?

Please provide any additional notes or comments to support this application:

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 my/our Pet'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 policy 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 Policy Owner: Date:

Signature of veterinarian: Date:

Name of attending veterinarian and practice (please print):

Veterinarian registration no: Registration state:

**Please mail the completed form to HIF Pet, Locked Bag 9021, CASTLE HILL NSW 1765
or email to hif@petsure.com.au**