



veticare

HEALTHY PET, HAPPY FAMILY

Vet Practice Name:

Patient / Client Code:



APPLICATION FOR INSURANCE FOR PET CAT

You can now insure your pet cat older than 8 weeks and younger than 8 years that is kept as a household pet in the RSA. All vaccinations must be up to date at the time of joining. Once you accept the conditions of cover, your premiums will be collected monthly via your bank account in the form of a debit order. Please proceed to fill in the application below and rest assured for your pet's health cover.

VETICARE INSURANCE PREMIUM

Veticare Cat Insurance Policy Premium is R 188.00 per month, per cat*
(Inclusive of R10.00 broker fee)

Yes, I would like to insure my pet cat for **R188.00** per month

✓ (Please indicate using a tick)

WHAT DOES THIS POLICY MEAN FOR YOUR PET?

Your pet will have full medical cover for any medical procedure or emergency surgical procedure within the said vet's practice if it is older than 8 weeks and younger than 8 years. If your cat is over 8 years it will only qualify for accidental cover. This policy will be renewed on 1 June each year. You will be informed of any changes 30 days prior to renewal.

*** Basic details related to this policy:**

- No microchip, permanent identification or tattoo required
- Waiting period – one calendar month from start date of policy

- Accidental injuries covered from date of inception
- No condition specific waiting periods – (unless underwritten because of illness history)
- No breed exclusions
- No sub limits
- Policy excess – 10% of every claim with a minimum of R200.00 per claim

Our claims are processed within 72hours and payments are paid to the vet or the policyholder. Pre-authorisation (for non-emergency treatments) is required to ensure that there are no unexpected costs.

DETAILS OF THE CAT OWNER

Title:

MS. / MRS. / MR. / DR. / PROF.

First Name: _____

Surname: _____

Date of Birth:

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

(Please fill in the date)

ID Number:

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

(Please fill in)

Postal Address: _____

(Post Code)

Physical Address: _____

(Post Code)

Work Tel. No.: _____

Cellphone No.: _____

Email Address: _____

DEBIT/CREDIT AUTHORITY (tick the applicable box):

Bank Name:

Account Holder:

Debit Day: (Select one)

Annual

Or Monthly

1st 7th 15th

Account Number: (Please fill in)

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Branch Code: (Please fill in)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Account Type: (Please tick)

cheque

savings

I request and authorise Renasa Insurance Co Ltd to draw against the above mentioned account, the amount necessary for payment of the monthly premium, as and when, required. This amount will be debited every month until this arrangement is cancelled in writing by either party. I accept that, if the debit date falls on a weekend, I will be debited on the subsequent working day. If not debit date is selected, P.UMA reserves the right to select the last working day of each month.

Date: _____

Applicant Signature: _____

DETAILS OF THE CAT TO BE INSURED

Name: _____

Breed: _____

Date of Birth of Cat:

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

(Please fill in the date)

Gender:

| | |
|------|--------|
| MALE | FEMALE |
|------|--------|

(Please cross one of the above)

Microchip/tattoo No.:

(if available): _____

Regular Vet: _____

Do you have any other pet insurance policies? _____

MEDICAL HISTORY OF CAT

Has this cat ever been to the veterinarian for any medical problems?

| | |
|-----|----|
| YES | NO |
|-----|----|

(If YES, please state the problem)

When was your last Veterinary protocol and what was the procedure?

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

(Please fill in the date)

Has the animal been spayed or neutered?

| | |
|-----|----|
| YES | NO |
|-----|----|

(If YES, when last?)

Are all vaccinations up-to-date?

| | |
|-----|----|
| YES | NO |
|-----|----|

(If NO, when was the last vaccination?)

Is this cat currently on any medication or prescription food?

| | |
|-----|----|
| YES | NO |
|-----|----|

(If YES, please state)

Has this cat ever exhibited excessive licking or scratching?

| | |
|-----|----|
| YES | NO |
|-----|----|

(If YES, please state the problem)

Has this cat ever had any eye or ear problems?

| | |
|-----|----|
| YES | NO |
|-----|----|

(If YES, please state the problem)

Has this cat ever had severe vomiting or diarrhoea?

| | |
|-----|----|
| YES | NO |
|-----|----|

(If YES, please state the problem)

Does this cat have difficulty rising or walking?

| | |
|-----|----|
| YES | NO |
|-----|----|

(If YES, please state the problem)

Does this cat have any physical abnormalities?

| | |
|-----|----|
| YES | NO |
|-----|----|

(If YES, please state the problem)

Has this cat had any behavioural problems?

| | |
|-----|----|
| YES | NO |
|-----|----|

(If YES, please state the problem)

Has this pet ever been used in competitive or commercial activities?

| | |
|-----|----|
| YES | NO |
|-----|----|

(If YES, please state)

What type of food do you feed your cat?

Your cat's current exercise routine:

Is there any other information you feel we should know about?

WHAT HAPPENS NEXT?

- a) Once you have signed up for Veticare Cover, your application form will be sent for underwriting. b) The underwriter may request a veterinary history in order to view more details about your pet. c) Once the underwriter has advised the conditions of your cover, you can choose to accept or reject the cover. d) There will be an Inception period which will be the beginning of the calendar month and cover will only apply from then onwards. e) Waiting Period – one calendar month from start date of policy. Accidental injuries covered from date of inception. f) In the event of a claim the client is responsible for: First amounts payable – Policy Excess – 10% of every claim with a minimum of R 200.00 per claim. g) Refer to the policy wording for full details.



VETICARE CONDITIONS OF COVER

PLEASE READ THIS CAREFULLY

1. GENERAL REQUIREMENTS

1. This policy will incept on the first day of the next calendar month following the acceptance of the application. The policy terms and premiums payable will be reviewed on the 1 June each year. The premiums are subject to inflation.
2. There is an excess fee of 10% for every claim with a minimum of R200 per claim that you must pay.
3. All non-emergency treatments (in terms of 2.b "what we cover") must be pre-authorized by P.uma.
4. You agree to disclose all information relating to the pet's health and condition at the time of signing up for cover and thereafter. This includes all examinations and/or treatments as well as signs and symptoms your pet received or displayed prior to applying for the Failure insurance. to do so could result in the cancellation of your policy due to non-disclosure. Please note, new underwriting terms might be offered, and should you not accept the new underwriting terms, your policy will be cancelled.
5. P.uma reserves the right to contact your Vet(s) to obtain a full history for your pet. This information is utilized for their underwriting decisions.
6. You must notify P.UM A of any emergency treatments within 72 hours of the event (info@p-uma.co.za).
7. All claims must be submitted to P.UM A within 60 days of the date of treatment (claims@p-uma.co.za). If your claim is older than 60 days, it will be repudiated [due to late submission].
8. P.UM A pays claims in accordance with the South African Veterinary Councils Guideline of Tariffs and reserves the right to request a second opinion from a vet of their choice regarding treatment and fees charged. If the fees are deemed excessive or the treatment deemed inappropriate they will pay the lesser amount with the balance being for your account.
9. As the person responsible for the pet you are expected to take all reasonable steps to prevent injury and illness. Failure to do so may result in rejection of claims and/or the cancellation of this policy.
10. If there is another insurance policy covering the same claim, only the rateable proportion of that claim will be paid in terms of this policy.

2. WHAT WE COVER

1. Vet-i-Care covers the cost of veterinary treatments required to appropriately treat illness or injuries that the insured pet may suffer. The treatments covered include, but are not limited to:
 - a. Consultation, acute medication, initial diagnostics, x-rays, biopsies and tests
 - b. Rehabilitation (post-operative only) treatments, specialist referrals, further diagnostic workups, blood tests, MRI / CT scans, radiology, radiation / chemotherapy, surgeries, chronic medication and prosthesis requires pre-approval and is subject to case management and clinical protocols. P.uma will require a detailed treatment plan from the treating Vet.
2. Chronic treatment plans may be purchased at an additional premium as a complement to this insurance plan. Chronic treatment plans are subject to treatment protocols (appropriate treatment plans) as determined and approved by P.uma (under the guidance of a Vet). A detailed treatment plan must be submitted by the treating Vet for approval by P.uma.
3. Your pet is immediately covered for accidental injuries, as long as the policy has incepted

3. WHAT WE DON'T COVER

1. The treatment of pre-existing conditions, including any condition that manifests during any waiting period (If your pet is diagnosed with any illness/condition or a pre-existing injury is noted within the waiting period, these will become full exclusions on the policy).
2. P.UM A reserves the right to refuse payment for repeated treatments if they are, under advice, deemed as ineffective, excessive or likely to cause the pet undue distress.
3. Any costs other than the costs of veterinary treatments for the pet listed on the policy.
4. The costs for the treatment of any illness within the first 30 days of joining Vet-i-Care. (The costs of treatments for trauma resulting from accidental injury are covered in this period).
5. Any invoices submitted more than 60 days after the date of treatment.
6. The costs for any treatments for injuries and illness incurred outside of the Republic of South Africa.
7. Any injury caused by abuse or negligence. We will report all abuse to the relevant authorities.
8. Any treatment that continues for longer than 3 months unless approved by P.UMA and subject to clinical protocols.
9. Any complementary treatments, experimental treatments or any treatments not forming part of mainstream veterinary science, including but not limited to acupuncture, physiotherapy, homeopathy, hydrotherapy, rehabilitation care (if not post-surgery and pre-approved) (covered by Woof Wellness TM).
10. The treatment of behavioral disorders (covered by Woof Wellness TM).
11. Any routine care such as vaccinations, dental scale and polish, anal gland expression, de-worming, grooming, tick and flea control or any food costs (covered by Woof Wellness TM).
12. Any elective or cosmetic treatments.
13. Any treatments in connection with pregnancy, birthing and fertility and breeding (any complications suffered as a result as one of these), sterilization, artificial insemination and injuries resulting from breeding.
14. House calls, travel costs, after-hours consultation or hospitalisation unless a vet confirms it as necessary in terms of the pet's health.
15. Any surgical items that can be used more than once. These are non-chargeable items.
16. The costs of any prosthesis, implants or transplantation unless explicitly approved by P.UMA.
17. Any costs after death (post mortem examinations).
18. Any treatment by person/s not registered with the South African Veterinary Council.
19. We do not under any circumstance cover euthanasia unless recommended by a veterinarian.
20. Any non-emergency treatment undertaken without the prior approval of P.UMA.



By ticking the above tick box I hereby accept all terms and conditions related to this policy.

Date:

4. CANCELLATION

This policy may be terminated upon giving one month's written notice of cancellation and the cancellation shall be effective from the first day of the calendar month following the notice.

5. CONTACTS

No 57
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Boston
Cape Town, 7530
Landline: (021) 913 9730
info@veticare.co.za
https://www.veticare.co.za



Ask your Veterinarian about The Woof Pet Wellness Programme™ or contact Veticare on +27 (0)21-913-9730