

Additional Pet's Form

1 Your Policy Details

Please return to:

Policy No.			1	1																										
Surname: Mr/Mrs/Ms																										ļ				
First Name(s):				1	1	1	1			1	ī	1					ī	ī				1	ı					1	1	1 1
Address:				ī			ī			ı	ī		ī				ī	ī		ı		ī								
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Daytime Tel. No.:			ī	ī	i		ī	ī			Ī	ī							·											
Are you insuring a:	Dog					Ca	t]																				
Is Your pet:	Cros		ed				dig	ree																						
2 Your Pet																														
Pet's Name:																														
Breed:			1.																			1								
Pet's date of birth:			ا / لـ			」/ ∟							Ma	le 🗆]				Fen	nale										
Purchase price:	€_																													
Has your Pet been micro chipp	ped?)	Yes [No □
If 'Yes', please fill in your micro-chip number:																														
Has your Pet been spayed/neutered?														`	Yes □		No □													
Has your Pet:																														
1. Ever been seen by a Vet (other than for vaccinations and neutering)?														`	Yes [No □														
2. Ever been unwell?	• •														`	Yes [No □													
3. Had any skin complaints?																											`	Yes [No □
If 'Yes' to any of the 3 questions	s abov	e ple	ease	aive	deta	ils a	nd c	dates	of t	the s	svmi	pton	ns an	d th	e tr	eatr	nen	its a	iven	. us	ina	a se	para	te sl	neet	ofr				
Symptoms/Treatment				_														3	Dat		9		1/1		ı			1	1	<i>-</i>
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Symptoms/Treatment																			Dat				, / L			_,		_		
Does your Pet have any vicious	ıc tand	lonci	ioc o	rha		omn	lain	t inv	مارين	nav	(OLIF	not	hoor	ma	do	in t	— ho l	act f		_	٠٠2		ا / لـ			ا / ا	_	Voc I		No 🗆
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If 'Yes' please give details																														
Is your Pet used for a Trade, Pr	rofessi	on, (Осси	ıpati	on, E	Busir	iess	or T	ake	n to	Wo	rk?															١	Yes [No □
If 'Yes' please give details																														
Has your Pet ever been the sub	-		-)	Yes [No □
or have special terms or exclus	isions (ever	bee	n pla	aced	on a	iny	prev	ious	s ins	urai	nce o	cover	?																
If 'Yes' please give details																														
3 Your Veterinary Practice																														
Name:																														
Address:																														
Declarations																														
I hereby declare that, to the be and shall form part of the cont											n is	true	and	con	nple	ete a	and	l ag	ree	that	thi	s do	cum	nent	sha	ll be	inc	:orp	orate	ed into
Signature of Policyholder:	: X																	Da	te:	ΧL			ا / د		<u></u>	_/				
Duty of Disclosure:	We w Mate	erial	info	rma	tion	is th	at w	vhich	we	wo	uld	rega	rd lil	œİy	to i	nflu	enc	e o	ır as	ses	sme	e all ent a	mat and a	eria acce	l info	orm nce	atio of tl	n. his i	nsura	ance.

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