

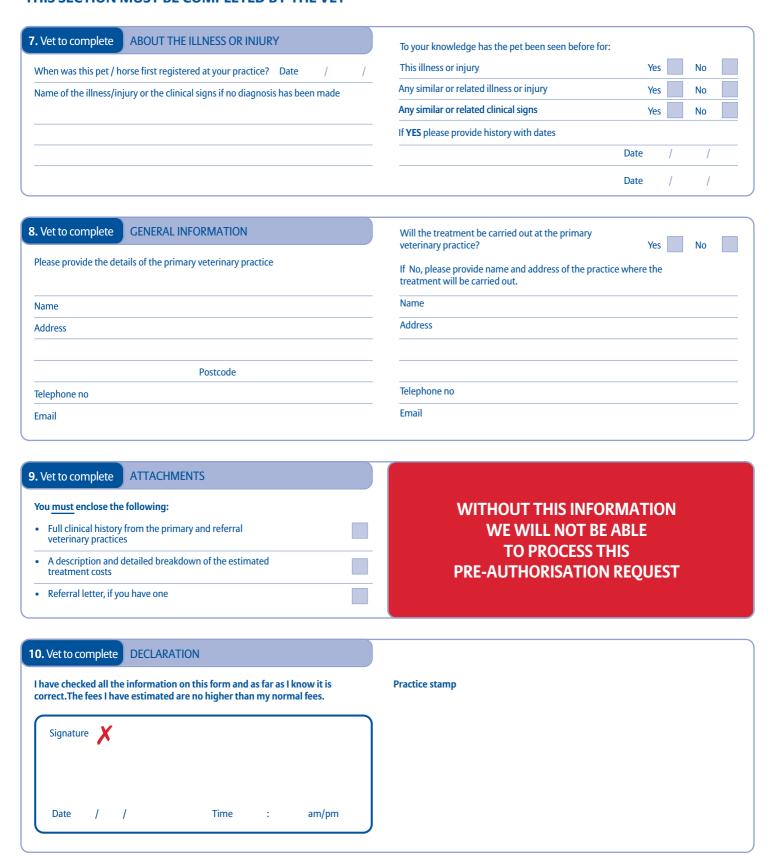
## Pre-Authorisation of possible claim

Once we receive this form we will tell you as soon as possible whether the proposed treatment is covered by the terms and conditions of the policy. Once confirmed, simply send us the invoice quoting the claim number when the treatment is complete.

PEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

1. Policyholder to complete POLICY NUMBER	D   N
2. Policyholder to complete ABOUT YOU	Policyholder's address
Policyholder's name	
Daytime telephone no	
Email address	
3. Policyholder to complete ABOUT YOUR PET / HORSE	Pet's / horse's date of birth / Male Female
Pet's / horse's name:	Date you first owned your pet / horse / /
Pedigree name	Is your pet / horse insured with any other company? Yes No
Is your pet a Dog Cat Horse	If Yes, please state which company
Breed	
4. Policyholder to complete ABOUT THE ILLNESS OR INJURY	Please give us the details of ALL the veterinary practices your pet / horse has been registered with. (If there is not enough space please use separate piece of paper).
What condition is the treatment for?	registered with (if there is not enough space preuse use separate prece of paper).
	Name
	Address
	Telephone no
	Date: from / / to / /
5. Policyholder to complete GENERAL INFORMATION	
Who should we pay? Policyholder Veterinary Practice	
You are responsible for any vet fees that exceed your Vet Fee Benefits for the policy you Please ensure you have sufficient information from your vet to answer the following	ear. questions.
What are the total estimated costs for the detailed treatment breakdown quoted to y	ou and agreed by you with your vet?
Has your vet informed you of any further treatment that may be required for this con	dition? Yes No
If 'Yes' have you received an estimate of costs for this treatment?	Yes No No
6. Policyholder to complete SIGNATURES	
If the policy is in joint names both policyholders must sign	
Signature <b>X</b>	Signature <b>X</b>
, in the second	
Date / /	Date / /
Are you happy for Petplan to provide the veterinary practice(s) identified on this form in respect of this Pre-Authorisation request?	m with information about your policy Yes No
I confirm that I have checked the information on this Pre-Authorisation form and tha	t it is all correct to the best of my knowledge.

## THIS SECTION MUST BE COMPLETED BY THE VET



## PLEASE FAX BOTH SIDES OF THE CLAIM FORM AND ATTACHMENTS TO THE CLAIM TEAM ON 01-6609453

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