



Apply now & get immediate accident cover

Just fill in this application form and mail or fax it into us. There is no waiting period for accident claims. For more info, visit www.bowwow.com.au/petinsurance or call us on 1800 668 502.

MY DETAILS

Post today or Fax to (02) 9843 2644

Title: Mr Mrs Miss Ms Other First Name: Surname:

Address: Suburb:

State: Postcode: Your date of birth:

Telephone: Home () Work () Mobile

Email:

Usual Vet Practice Visited: Name of Vet: Vet's Tel Number: ()

MY PET'S DETAILS

Pet Number 1:

Pet Name: Type: Dog Cat

Breed: Sex: Male Female

Colour: Desexed: Yes No

DOB:

Conditions: Please provide full detailed information for any condition (current or previous) your pet has had treatment for, or you anticipate having treatment for. If there is insufficient space, please provide details on a separate sheet. If your pet has never had any Vet treatment please answer 'none'.

Microchip Number (if applicable):

Date of last Vaccination:

Note: 1. If you have more than 2 pets please give details on a separate sheet.

2. If your pet has a long medical history, please give details on a separate sheet, or attach a medical history printout from your vet

Pet Number 2:

Pet Name: Type: Dog Cat

Breed: Sex: Male Female

Colour: Desexed: Yes No

DOB:

Conditions: Please provide full detailed information for any condition (current or previous) your pet has had treatment for, or you anticipate having treatment for. If there is insufficient space, please provide details on a separate sheet. If your pet has never had any Vet treatment please answer 'none'.

Microchip Number (if applicable):

Date of last Vaccination:

MY CHOICE OF COVER

Pet Number 1:

Plan Type: Accident **OR** Comprehensive **OR** Major Medical

Condition Excess: \$100 **OR** \$250

Routine Care: Yes No

Note: Pets 5 years and older on joining are not eligible for the \$100 excess option on the Comprehensive Plan only

Pet Number 2:

Plan Type: Accident **OR** Comprehensive **OR** Major Medical

Condition Excess: \$100 **OR** \$250

Routine Care: Yes No

Note: Pets 5 years and older on joining are not eligible for the \$100 excess option on the Comprehensive Plan only

MY PAYMENT DETAILS

Choose your Payment Frequency - (Choose only one) Annually Monthly* Fortnightly* *A premium collection fee of \$1 per collection applies for monthly and fortnightly paid policies only.

Choose your payment Method by completing either the credit card or direct debit portions below:

Credit Card Details - Please debit my: Mastercard Visa Cardholders Name:

Card Number: Expiry Date: Signature:

Direct Debit Details:

I/We

Authorise The Hollard Insurance Company Pty Ltd (user ID 068616) to debit funds from my/our account at the financial institution identified below and as prescribed by the Bulk Electronic Clearing System (BECS). I/We further authorise the following:

- The debit user to verify the details of the account with my/our financial institution.
- The financial institution to release information allowing the Debit user to verify the following account details.

Bank/Financial Institution:

Branch Location/Suburb:

BSB: Account No:

Type of Account:

Signature(s):

Cooling-off Period: I understand that if I am not satisfied with the policy, I may return the policy documents within 14 days and any unpaid premium will be refunded, provided no claims have been submitted or paid.

Your Duty of Disclosure: I declare that the answers provided in the application are true and I havenot withheld any requested information. I acknowledge that if I fail to comply with my Duty of The Disclosure, that the insurer may be entitled to reduce their liability under the contract in respect of any claim, or may cancel the contract.

By submitting an application for Bow Wow Meow Pet Health Insurance, I acknowledge that I have agreed to receive or have recieved (by printing or downloading from the website at www.bowwow.com.au/petinsurance) the PDS and FSG referred to in this application and have considered them. I have not received any advice and no analysis of my needs has been conducted.

Signature: Date:

I authorise any veterinary surgeon who has treated my pet to provide the insurer with any details regarding my pets health, that they may require.

For office use only

Effective Date: 1 December 2008