

# ADD-A-PET FORM

PLEASE COMPLETE THE FORM IN FULL (\* REQUIRED FIELDS)

EMAIL TO: [membership@petsure.co.za](mailto:membership@petsure.co.za) or Fax: 086 661 0990

<p><b>REQUIRED INFORMATION</b></p> <p>FULL NAME : Mr/Mrs/Miss/Ms _____</p> <p>EMAIL ADDRESS : _____</p>	<p>TEL No (w / h): _____</p> <p>CELL No: _____</p> <p>POLICY No: _____</p>
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Add New Pets Only	PET No: 1	PET No: 2	PET No: 3	PET No: 4
PETS NAME				
DOG / CAT				
BREED				
COLOUR				
BIRTH DATE				
SEX (Male / Female)				
Microchip No: / Tattoo No: (essential for claiming)				
STERILISED (Spayed/ Neutered)				
Any veterinary treatment other than vaccinations (Yes/No) **				
Has the pet been treated in the last 90 days (Yes/No) **				
Date of the last vaccination The insured animal(s) should have a current vaccination				

**\*\* IF YES, PLEASE STATE BELOW OR GIVE DETAILS ON A SEPARATE SHEET OF PAPER**

*NB: New pets will be added to the same insurance cover that your current pets are on.*

\_\_\_\_\_

\_\_\_\_\_

I authorise any Veterinary Surgeon who has treated my pet to provide the Insurer with any details regarding my pet's health they may require.

Name of Veterinary Practice where pet(s) were seen: \_\_\_\_\_ Tel No: \_\_\_\_\_

I understand that pre-existing conditions and hereditary and congenital defects are not covered by this Insurance.

I warrant that all the particulars and statements above are true and correct, and contain all the information known to me affecting the risks under the Sections to be insured. I understand that these statements and particulars, and any other statement, written or oral, for the purpose of the proposed insurance shall be the basis of, and incorporated in, the contract between myself and Solver / The Hollard Insurance Company Limited.

Acceptance of this insurance for any pet is at the discretion of the underwriters. We reserve the right to decline acceptance of a pet, to vary the conditions on which the insurance is accepted and to vary the conditions and premiums at any time. Before completing the Add-a-pet Form please ensure that you have familiarised yourself with our Solver Pet Medical Insurance Policy Document and the Terms and Conditions which can be found in the information provided on our website <http://solverpetinsurance.co.za/> By completing and signing the Add-a-pet Form you will be agreeing to Solver Pet Medical Insurance's Terms and Conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administered by

Underwriting Manager and Administrator  
PetSure (Pty) Ltd ("PetSure")  
Reg. No. 1991/007261/07  
Vat No. 410013575  
Authorised Financial Services Provider  
Licence Number 9846  
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