

# Additional Pet's Form

## 1 Your Policy Details

Surname: Mr/Mrs/Ms \_\_\_\_\_  
 First Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Daytime Tel. No.: \_\_\_\_\_  
 Are you insuring a: Dog  Cat   
 Is Your pet: Crossbreed  Pedigree

## 2 Your Pet

Pet's Name: \_\_\_\_\_  
 Breed: \_\_\_\_\_  
 Pet's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female   
 Purchase price: € \_\_\_\_\_  
 Has your pet ever been seen by a vet, been unwell or had a skin complaint of any kind? Yes  No   
 If 'Yes' please give details and dates of the symptoms and the treatment given, using a separate sheet of paper if necessary.  
 Symptoms/Treatment \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Symptoms/Treatment \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Has your pet been micro chipped? Yes  No   
 If 'Yes', please fill in your micro-chip number: \_\_\_\_\_  
 Has a claim or complaint involving your pet been made in the last 5 years? Yes  No   
 If 'Yes' please give details \_\_\_\_\_  
 Does your pet have any vicious tendencies? Yes  No   
 If 'Yes' please give details \_\_\_\_\_  
 Is your pet used or connected in any way with a trade, profession, occupation or taken to work with you? Yes  No   
 If 'Yes' please give details \_\_\_\_\_

## 3 Your Veterinary Practice

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

## Declarations

I hereby declare that, to the best of my knowledge, the above information is true and complete and I agree that this document shall be incorporated into and shall form part of the contract between me/us and the Company.

Signature of Policyholder: **X** \_\_\_\_\_ Date: **X** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Duty of Disclosure:** We wish to draw to your attention to the serious consequences of failure to disclose all material information. Material information is that which we would regard likely to influence our assessment and acceptance of this insurance. If you are in any doubt whether any information is material, it should be disclosed.

Please return to: Allianz, Direct Division, P.O. Box 48 48, Freepost, Dublin 4.  
 This address may be used on any envelope. It's free and ensures delivery directly to our Customer Services Staff  
 Telephone: 1850 48 48 48 Fax: 01-660 5214