

Additional Pet's Form

1 Your Policy Details

Policy No. _____

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 been micro chipped? Yes No

If 'Yes', please fill in your micro-chip number: _____

Has your Pet been spayed/neutered? Yes No

Has your Pet:

- Ever been seen by a Vet (other than for vaccinations and neutering)? Yes No
- Ever been unwell? Yes No
- Had any skin complaints? Yes No

If 'Yes' to any of the 3 questions above please give details and dates of the symptoms and the treatments given, using a separate sheet of paper if necessary.

Symptoms/Treatment _____	Date ____/____/____
Symptoms/Treatment _____	Date ____/____/____
Symptoms/Treatment _____	Date ____/____/____
Symptoms/Treatment _____	Date ____/____/____
Symptoms/Treatment _____	Date ____/____/____
Symptoms/Treatment _____	Date ____/____/____

Does your Pet have any vicious tendencies or has a complaint involving your pet been made in the last five years? Yes No

If 'Yes' please give details _____

Is your Pet used for a Trade, Profession, Occupation, Business or Taken to Work? Yes No

If 'Yes' please give details _____

Has your Pet ever been the subject of any insurance claim, has cover ever been refused, or have special terms or exclusions ever been placed on any previous insurance cover? 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: 1890 48 48 48 Fax: 01-660 5214