



ADD A PET FORM

Attention: Membership Department
 Tel: 0860 738 787 / 011 481 1910
 Fax: 086 661 0990

Member Name:	Membership Number:
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	PET NO 1	PET NO 2	PET NO 3	PET NO 4
PETS NAME				
DOG / CAT				
BREED				
COLOUR				
BIRTH DATE				
SEX (M / F)				
MICROCHIP / TATTOO NUMBER (Essential for claiming)				
STERILISED (SPAYED/ NEUTERED)				
ANY VETERINARY TREATMENT OTHER THAN VACCINATIONS (Y/N) **				
Has the pet been treated in the last 90 days? (Yes/No)				
DATE OF 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

Do you warrant that all the particulars and statements above are true and correct, and contain all the information known to you affecting the risks under the Sections to be insured, and 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 yourself and PetSure / The Hollard Insurance Company Limited.

Signature: _____ Date: _____