

CAT APPLICATION FORM



POLICYHOLDER DETAILS

Title : Dr / Mr / Mrs / Miss / Other _____ **Physical Address:** _____

First Name : _____
Last Name : _____
ID No: _____
Phone No: _____ **Postal Address:** _____
Email Address: _____

postal code _____

DETAILS OF THE CAT INSURED

Name: _____ **Breed:** _____ **Gender :** MALE FEMALE
Date of Birth: _____ **Has this cat been spayed or neutered?:** YES NO

Microchip / tattoo number (if available): _____ **Who is your pet's regular vet?** _____

MEDICAL HISTORY

- Has this cat ever been to the veterinarian for any medical problems?
- Has this cat needed medical treatment now or in the past?
- Is this cat currently on any medication or prescription food?
- Has this cat ever exhibited excessive licking or scratching?
- Has this cat ever had any eye or ear problems?
- Has this cat ever had severe vomiting or diarrhea?
- Does this cat have difficulty rising or walking?
- Does this cat have any physical abnormalities?
- Has this cat had any behavioural problems?

Please tick the appropriate box

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

If you answered yes to any of these questions, please provide details

Is there any other information you feel we should know about? If yes, please provide details:

AUTHORITY TO DEBIT ACCOUNT

R2.00 will be donated to an animal welfare organisation when P.uma collect your premium

Account Holder _____ **Bank Name:** _____ **Branch Code:** _____
Account Number _____
Account Type Current Saving **Debit Day**

I request and authorise P.UMA(PTY) Ltd to draw against the above mentioned account, the amount necessary for payment of the monthly premium, as and, when required. This amount will debit every month until this arrangement is canceled in writing by either party. I accept that, if the debit date falls on a weekend, I will be debited on the subsequent working day. If no debit date is selected P.UMA reserves the right to select the last working day of each month.

Signature

Date

I the Policy Holder hereby confirm that I have read and understand the **General Requirements** and **what is not covered** by this policy

This policy is available through Inn Focus An Authorised Financial Services Provider : Licence No : 16444 brought to you by P.uma on behalf of Renasa

Insurer : Renasa Insurance Company Ltd – Reg No : 1998/000916/06 VAT NO : 4290173253 FSP NO : 15494

Underwriting Managers : Pet Underwriting Managing Agency – Reg No : 2011/107009/07 VAT NO : 4280260425 FSP No. 44387

