

DOG 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 DOG INSURED

Name: _____ Breed: _____ Gender: MALE FEMALE
 Date of Birth: _____ D D / M M / Y Y Y Y
 Microchip / tattoo number (if available): _____ Has this dog been spayed or neutered?: YES NO
 Who is your pet's regular vet? _____

MEDICAL HISTORY

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

