

Pre-existing Condition Review Form

Use this form if:

- You want to request a review of a pre-existing condition excluded from your policy.
- Your pet has been symptom-free for 18 months when you sign and submit this form.

How to fill in this form:

- Fill in your details in Section 1.
- Fill in your pet's details in Section 2. If you have more than one pet, please use one form for each pet.
- Outline your pet's pre-existing condition that you want to be reviewed. If you want to have more than one condition reviewed, please use one form for each condition.
- Declare any signs, symptoms, treatments, or abnormalities related to the condition you're applying to be waived in Section 4.
- Have your vet complete and sign Section 5 – Vet Examinations.

Important notes on using this form:

- Both you and your vet are required to certify and provide records to show that your pet has been free of noticeable signs, symptoms, or abnormalities of the pre-existing condition or any related conditions (any condition/s arising directly from the pre-existing condition you're applying to be waived), for a minimum of 18 continuous months.
- Some conditions are incurable and are not eligible for pre-existing condition exclusion review. These conditions include chronic conditions, cruciate ligament conditions, intervertebral disc disease, hip dysplasia, elbow dysplasia, patella luxation and endocrine diseases.
- Please ensure that you include all supporting documentation from your vet when you submit this form. Examples of supporting documents include (but are not limited to) test results, clinical notes, and vet history records.
- Please refer to the Pre-existing Conditions section of your policy wording to fully understand what can and cannot be covered.
- Please allow 30 days for us to complete the review, which is in accordance with the current policy terms and conditions. We'll let you know the outcome in writing.

Once the form is complete and signed, please send to claims@aapet.co.nz

Section 1 - Your Details

Policy number			
<input type="text"/>			
Title	First name	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone		Email	
<input type="text"/>		<input type="text"/>	
Address			
<input type="text"/>			
			Postcode
<input type="text"/>			<input type="text"/>

Section 2 - Pet Details

Name	Dog	Cat	Male	Female
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breed	Date of birth			
<input type="text"/>	<input type="text"/>			

Section 3 - Pre-existing Conditions Exclusion(s)

Please provide details of the condition (or organ/body part) to which this exclusion request relates.
Please use one form for each condition.

Section 4 – Policy Owner Declaration

Has your pet shown any noticeable signs, symptoms, abnormalities or received any treatment relating to the condition (or organ/body part) identified in section 3 above over the past 18 months? Yes No

If you answered Yes to the question above, please indicate the date/s and describe the treatment and/or symptoms noted:

Section 5 - Vet Examinations

Vet's Instructions: Please examine the pet and provide supporting documentation such as test results, clinical notes and/or veterinary history records (where applicable) to support this review.

Pet's name	Examination date

Provide details of the condition (or organ/body part) to which this exclusion request relates:

When was this pet first registered/treated at your practice?	Date	
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If this pet was referred to your practice, please provide details of the referring practice:

Please indicate the earliest date that this condition was first noted or diagnosed (as stated by the client or noted in your records)?	Date	
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Date on which this condition, or any related condition (or organ/body part) was last treated. When was the last time you saw this pet, and for what reason?	Date	
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In your opinion what is the probability of this condition, or any related condition, requiring treatment within the next 12 months?

Please provide any additional notes or comments to support this application:

Section 6 - Signature and Declaration

- I/We certify that the information given in this form and any supporting documentation is truthful, accurate and complete. No information likely to affect this review has been withheld.
- I/We understand that deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the review and/or cancellation of the policy.
- I/We understand that the admin team will assess information provided in accordance with the policy terms and conditions.
- I/We authorise any veterinary surgeon who has treated my/our pet to provide to the insurer any details they may require.
- Please note that issuance or completion of this form does not acknowledge liability or guarantee a removal of a pre-existing exclusion.

Signature of veterinarian	Date	Signature of policy owner	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of attending veterinarian and practice			
<input type="text"/>			



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