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Claim Form

Important notes

Email completed form, including copies of all invoices & other supporting documents, to:

 claims@medipet.co.za

We require the following for claims:

- Detailed invoices. Statements will not be accepted
- Full vet history for first claims &/or new conditions (not needed for Life)
- A separate form for each pet
- Submission within 60 days of treatment date on the invoice(s)



Missing information will delay the processing of claims

Section 1 Policyholder details

Policy number: MPI _____

Your name: _____

Contact number: _____

Email: _____ (We protect your privacy)

Section 2 Your claim details

Name of pet: _____

What medical condition are you claiming for? _____

Tell us a little more here: _____

When did your pet first show symptoms of this condition? _____

Routine Supreme, Routine In-Between, or Routine Lean (Day-to-day routine care optional add-on)

vaccinations

microchipping

nail-clipping

deworming

tick/flea control

training

sterilisation

grooming

puppy socialisation classes

In the event of your pet's passing, please provide cause of death _____

Any additional notes: _____

Pay my vet directly

