

## wau-miau health questionnaire

### Application for admission of an animal aged six years and over

Your pet is already over six years old. Therefore, it is not possible to take out wau-miau pet insurance online. Please complete the health questionnaire in full and forward it to ERV for checking. One health questionnaire should be completed for each animal.

Once we have examined your application, we will contact you in writing.

#### Details of the pet owner

Last name	First name
Street	Postcode/town or city
Phone (daytime)	E-mail
Date of birth	

#### Details of the animal

Name	<input type="checkbox"/> dog	<input type="checkbox"/> cat	<input type="checkbox"/> male	<input type="checkbox"/> female
Date of birth (DD.MM.YYYY)				
Breed	Microchip no.			

#### Desired insurance start date

<input type="checkbox"/> immediate	<input type="checkbox"/> date
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#### Which product would you like?

<input type="checkbox"/> Basic	<input type="checkbox"/> Clever	<input type="checkbox"/> Optima	<input type="checkbox"/> Exclusive
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#### What deductible would you like?

Dog	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 1000
Cat	<input type="checkbox"/> 150	<input type="checkbox"/> 300	<input type="checkbox"/> 600

The Applicant confirms that they have completed the above details in full, correctly and truthfully, and acknowledges that, in the event of a breach of this duty of disclosure in accordance with Art. 6 of the Swiss Insurance Policies Act, the Company can terminate the contract and refuse its obligation to pay benefits and/or reclaim any payments already made. The Applicant also declares that they have read and understood a copy of the relevant General Conditions of Insurance (GCI) as well as the leaflet "Information about your insurance" ([www.wau-miau.ch/gci](http://www.wau-miau.ch/gci)) and the information provided by the intermediary in accordance with Art. 45 of the Insurance Oversight Act ([www.wau-miau.ch/art45-e](http://www.wau-miau.ch/art45-e)). They acknowledge that they will remain bound by the application for 14 days, provided no shorter period was specified, and – in the event that an insurance contract is signed – undertakes to pay the premium (right of revocation and other information found in the "Information about your insurance" sheet).

I hereby empower veterinary surgeons to provide ERV with all required information about past and/or existing illnesses, consequences of accidents and disorders and relieve them of their legal obligation to maintain confidentiality.

Place and date	Pet owner's signature
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#### Questions about the animal's health (to be completed by vet)

1. Is the animal completely healthy at present?	<input type="checkbox"/> yes	<input type="checkbox"/> no
2. a) For which health disorders, illnesses or injuries has the animal been treated in the last 5 years?		
<hr/>		
<hr/>		
b) By which vets?		
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c) Are the health disorders, illnesses or injuries completely cured/healed?	<input type="checkbox"/> yes	<input type="checkbox"/> no

**If your pet has been treated for any health disorders, illnesses or injuries in the last 5 years, please submit its full medical history to ERV together with this application.**

Name and address of veterinary practice
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Place and date	Vet's signature
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**Please send this application form, completed in full and signed, together with annexes to ERV.**