

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)	The cat is a	<input type="checkbox"/> house cat	<input type="checkbox"/> free-roaming cat	
Breed and colour	Microchip no.			

Desired insurance start date

immediate date

Which product would you like?

Basic Clever Optima

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 he/she has completed all 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. ERV is entitled to refuse the present application without stating reasons.

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 _____

Questions about the animal's health (to be completed by vet)

- Is the animal completely healthy at present? yes no
- a) For which health disorders, illnesses or injuries has the animal been treated in the last 5 years?

b) By which vets?

c) Are the health disorders, illnesses or injuries completely cured/healed? yes 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 _____

Place and date _____ Vet's signature _____

Please send this application form, completed in full and signed, together with annexes to ERV.