Yes, I want comprehensive insurance for my pet!

Proposal for wau-miau insuranceFill out the form, send it to us and you'll soon be able to enjoy insurance cover.

Insured perso	n (pet owner)				
Surname			First name		
Address					
Zip code/city					
Phone					
Email					
Pet to be insu	red				
□ Dog	□ Cat	□ Male	☐ Female		
Name of pet			Month/year of birth		
Breed			Colour		
Microchip no. (i	f applicable)				
wau-miau insu	rance option	S	1500	5000	unlimited
Monthly premium for cats			□ 11	□ 21.50	□ 17
Monthly premiu			□ 19.75	□ 42.50	□ 34.25
D1110 1133					
PLUS additiona				_	
(only available a		to basic cover)		Dogs	
Monthly premiu	m		□ 4	□ 6	
ANEXO additio	nal package				
(only available w		out insurance)	Cats	Dogs	
Monthly premium			□ 9.50	□ 19	
wau-miau pre	miums are pa	ayable once a	year.		
Desired comn	nencement of	f insurance (d	ate)		
□ valid from no		i ilisaranoo (a	□ valid from		
□ Valid from no	W		□ valid iroiti		
Place, date			Signature of the animal owner		
For internal use	only				
Employee no.			Agency no.		