



CLAIM FORM

Please fax your completed and signed claim form to 0843 309 4513

Section 1 – This section and Section 3 to be completed by the owner/insured

Title:	<input type="text"/>	Policy Number:	<input type="text"/>
Surname:		Cover in force:	<input type="text"/>
Forename:		Inception date:	
Home address:		Policy dates:	
		Pet name:	
		Breed:	
		Age of pet:	
Postcode:		Sex of pet:	<input type="text"/>
Home Tel Number:		Purchase price of pet(£):	<input type="text"/>
		First date of illness/injury/condition:	<input type="text"/>

Please provide a brief description of illness/injury/condition:

Is your pet currently covered by any other insurance policy? If 'Yes' please specify below:

Name of Insurer:	Policy number:	Expiry date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has your pet been micro chipped? If so, please provide the micro chip number:

Please also complete Section 3

Section 2 – This section to be completed by the Veterinary Surgeon

Age of pet: How long have you been treating the animal?

If this is a referral, please advise of the practice name and address that referred the case:

Date:	Diagnosis:	Treatment:	Cost (£) (inc VAT)
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Has the animal received treatment for any of the above or any related conditions before?

If yes, please provide details:

Is this a continuation claim?

Has the pet died as a result of the illness/injury mentioned above?

Declaration by Veterinary Surgeon:

I certify that, to the best of my knowledge all the information contained on this form is correct and that, in my opinion, the condition treated would not have been present upon the date of the inception of the policy. I also confirm that, in my opinion, the fees charged are my normal practice fees relating to this matter.

Signed..... Date.....

Print name.....

A FULL CLINICAL HISTORY AND AN ITEMISED RECEIPT OR ACCOUNT MUST BE ENCLOSED

Veterinary Practice Stamp:

Section 3 – This section must be completed by the insured/owner

Should Insurers make payment direct to the Veterinary Surgeon?

Where instructions are unclear, payment will be made to the Insured.

Declaration

1. I declare that all the details supplied represent a true and accurate statement of the details relating to my claim and I have not missed any information that is relevant to the circumstances of this claim.
2. I understand and agree that information relevant to my claim(s) may be obtained from, and shared with my Vet in order for my claim(s) to be administered.
3. I declare that where a claim involves a potential refund from other Insurers or a third party, I hereby authorise them to remit any refund to my Insurer.
4. I understand that in the event that this claim is found to be fraudulent in whole or in part, this will invalidate the policy and may render me liable to prosecution.

Signed..... Name..... Date.....