

Vet's Fees Death Loss of Use (LOU) New Condition Continuation Condition Accident

The issue of this claim form does not constitute an admission of claim liability by Animal Friends Insurance Services Ltd.
Useful tips on how to complete this form can be found on our website: www.animalfriends.co.uk

IMPORTANT NOTES:

Please submit your fully completed form with a full clinical history from all of the vets that your pet has been registered with.

Failure to do so will result in your claim being delayed.

You will need to ensure that:

You and your vet fully complete and sign the claim form.

Your vet/suitably qualified practitioner signs the claim form as we do not accept claim forms signed by someone else who may have treated your pet.

You provide an itemised invoice or receipt for the treatment you are claiming for.

You keep copies of all the documents you send to us for future reference.

You ensure that your claim form is submitted no later than 90 days after the treatment was carried out.

You send the original claim form (copies will not be accepted)

Please refer to your policy terms and conditions for full details.

1. ABOUT YOU - Policyholder to complete

Policy number:

Policyholder's name:

Policyholder's address:

Postcode:

Daytime contact number:

Evening contact number:

Email address:

Please tick here if this is different to the address on your certificate of insurance

2. ABOUT YOUR HORSE - Policyholder to complete

Horse's name:

Horse's stable name:

Date of birth (approx):

Breed:

Sex: Male: Female:

Colour: Height:

Date of purchase/loan date:

What activities is your horse used for?

1.

2.

Purchase price or sum insured: £

Has your horse been routinely wormed? Yes No

Has your pet been annually vaccinated? Yes No

3. DETAILS OF YOUR HORSE'S CONDITION - Policyholder to complete

What condition are you claiming for?

What symptoms did your horse show for this condition?

For the condition, please tell us the date you noticed any signs that your horse was unwell before booking an appointment with your veterinary practice.

Your claim may be delayed if we do not have this.

Date when condition was noticed by policyholder:

Date when horse was seen by a vet:

Did the illness or injury result in the death of your horse? Yes No

Please give date:

Current vet contact number:

Dates at current vet:

Please give details of any other veterinary practices that your horse has been registered at; if you were living at a different address during this time please provide previous postcode.

Previous veterinary name and contact number:

Dates at vets: From: To:

First line of your address and postcode at the time:

Previous veterinary name and contact number:

Dates at vets: From: To:

First line of your address and postcode at the time:

4. DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM - Failure to provide these documents may delay assessment of your claim

VETS FEES:

Detailed invoices

Full clinical history

DEATH:

Vet report confirming cause of death, whether the condition met BEVA guidelines and post mortem findings

Original proof of ownership and disposal receipt

LOSS OF USE (LOU)

Vet report confirming the horse's condition and whether LOU is fulfilled

Original proof of ownership

5. YOUR DETAILS & DECLARATION - Policyholder to complete

I declare, to the best of my knowledge and belief, the information I provide is true and complete. I agree that Animal Friends Insurance Services Ltd. may liaise with any vet or other interested party in relation to my claim.

a) Please pay me: b) Please pay my vet:

Print name: Signature: Date: ____/____/____

Account Number:

Sort Code:

All payments will be made via direct credit to either your account or your vets. If you are an annual paying customer please ensure you provide your account details here.

HVC/22/12 FCA

Important Information

Animal Friends Insurance is a Pet and Equine Insurance Specialist Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Animal Friend's FCA Registration Number is 307858. This can be checked by visiting the FCA website at <http://www.fca.org.uk/> or by contacting the FCA on 0800 111 6768. Do you require any help with this form? Call us on 0344 557 0300 and we'll be happy to guide you through it.

6. CASE HISTORY - Vet to complete

When was this horse first registered at your practice?

If this horse has been referred please supply the name, address & telephone number of the practice which referred it:

Name:
Address:
Postcode:
Contact Number:

In connection with the treatment being claimed for were any of the treatments out of hours? Yes No

Was the out of hours treatment necessary? Yes No

If yes, why was the out of hours treatment necessary?

Is any part of this claim for a condition the pet can be vaccinated against?

Yes No

If yes, were the horse's vaccinations up to date at the time of treatment?

Yes Please give date:

Don't know:

Is any part of this claim for dental treatment? Yes No

Is this condition likely to result in loss of use? Yes No

Was the horse taking part in an activity when the injury or illness occurred?

Yes No

If yes, please specify which activity:

In your opinion how long has the horse suffered with this complaint before veterinary advice was sought?

7. CONDITION 1 - Vet to complete

Date of treatment:

From: To:

Diagnosis of condition:

Treatment details:

If the horse has been seen for a similar or related condition previously please give details:

Have you claimed for this condition for this horse before? Yes No

Total cost of treatment inc VAT: £

DEATH OF HORSE

Please enclose full invoices to support this claim

Did the horse die? Yes No

Was the horse euthanased? Yes No

Date of death:

Did the horses condition meet the BEVA guidelines for immediate destruction?

Yes No

Was a post mortem performed?

Yes No

If yes please give results:

Are euthanasia or cremation costs included in this price? Please quote these prices separately:

£

8. DECLARATION BY THE VETERINARY PRACTICE - Vet to complete

I declare, to the best of my knowledge and belief, that all information provided, in this claim form is true and complete. The fees I have charged are no more than the fees I would normally charge my clients.

Print Name:

Address:

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Contact number:

Email address:

Please provide your sort code and account number for payment

Account Number:

Sort Code:

Practice stamp
(if applicable):

Original Signature: Date: ____/____/____

The completed claims form should be returned via post to:
 Animal Friends Insurance Services Ltd. Number 1 The Crescent, Sunrise Way, Amesbury, Wiltshire, SP4 7QA

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