

Pet Claim Form - Vets Fees

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**

Claims Helpline: 0344 557 0300
Email: Claims@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 if this is different to the address on your schedule:

2. ABOUT YOUR PET - Policyholder to complete

Pet's name:

Pet's date of birth:

Cat: Dog:

Male: Female:

Pet's breed:

Pet's colour:

Rescue? Yes: No:

If yes, please provide any information you may have from the person/party you obtained your pet from:

When did you acquire your pet?

Has your pet been neutered? Yes: No:

Has your pet been annually vaccinated? Yes: No:

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

Name of condition as advised by your vet:

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

Your claim may be delayed if these details are not provided.

Condition 1

Date:

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

If your pet has escaped and been injured, please provide full details as to how they were able to escape: (continue onto separate sheet if necessary)

Condition 2

Date:

Please give date:

4. YOUR CURRENT VET'S DETAILS - Policyholder to complete

Current vet's name & address:

Vet's name:

Address:

Current vet's contact number:

Dates at current vet:

From:

To:

5. YOUR PREVIOUS VET'S DETAILS - Policyholder to complete

Previous vet's name & address:

Vet's name:

Address:

Previous vet's contact number:

Please give your address & postcode at the time:

Address:

Postcode:

Previous vet's name & address:

Vet's name:

Address:

Previous vet's contact number:

Please give your address & postcode at the time:

Address:

Postcode:

6. 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: Claims will be paid directly into the account that your premiums are collected from. If you pay your premium annually please provide your account details below:

Print name: Original Signature:

Date:

Account Number: Sort Code:

b) Please pay my vet direct:

Print name: Original Signature:

Date:

Your vet must provide full details (please see overleaf)

Important Information

Animal Friends Insurance is a Pet and Equine Insurance Specialist authorised and regulated by the Financial Conduct 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.

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7. CASE HISTORY - Vet to complete

When was this pet first registered at your practice?

If this pet 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 did you:

Make a house visit? Yes: No:

Provide out of hours treatment? Yes: No:

If yes, was the condition imminently life threatening?

Yes: No:

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

Yes: No:

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

Yes: Please give date of last vaccination:

No: Don't know:

If the condition being treated requires complimentary treatment please confirm the following:

Treatment recommended:

Number of sessions:

8. a) CONDITION 1 - Vet to complete

Date of treatment:

From: To:

Diagnosis of condition:

Treatment details:

How long before you first saw the pet for this condition did the owner say the pet had been showing clinical signs?

Days: Date:

Have you claimed for this condition for this pet before?

Yes: Date: No:

Is there likely to be ongoing treatment?

Yes: No:

Total cost of treatment inc VAT:

£

Are cremation costs included in this price? (Please quote this price separately where applicable)

£

Please make sure that the full clinical history and itemised invoice is attached.

8. b) CONDITION 2 - Vet to complete

Date of treatment:

From: To:

Diagnosis of condition:

Treatment details:

How long before you first saw the pet for this condition did the owner say the pet had been showing clinical signs?

Days: Date:

Have you claimed for this condition for this pet before?

Yes: Date: No:

Is there likely to be ongoing treatment?

Yes: No:

Total cost of treatment inc VAT:

£

Are cremation costs included in this price? (Please quote this price separately where applicable)

£

Please make sure that the full clinical history and itemised invoice is attached.

9. 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:

Position in practice:

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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