

Horse Claim Form

If Your Horse Has Died

Send your completed claim to claimform@animalfriends.co.uk

If you have any questions, you can call **0344 557 0300**

**animal
friends**
Pet Insurance Experts

1. ABOUT YOU

Policy number:

Policyholder's name:

Contact number:

Email address:

Policyholder's address & postcode:

2. ABOUT YOUR HORSE

Horse's passport name:

Horse's stable name:

Horse's breed:

Horse's height:

Horse's date of birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Did the horse have yearly vaccinations?

Yes: No:

Was the horse routinely wormed?

Yes: No:

Did you own or loan your horse?

Own: Loan:

When your horse passed away, what was their market value?

€

When did you get your horse?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Filly: Colt: Mare: Gelding:

3. CLAIM DETAILS

When did your horse die?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

How did your horse die?

If your horse was ill, what date did you first notice they were unwell?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Do you have proof of how much you paid for your horse?

Yes: No:

Are you claiming for disposal? Yes: No: If yes, how much did you pay?

€

We will need your horse's veterinary history to review your claim.

The vet who treated your horse will provide the notes they have. We will contact your previous vets.

Current vet practice/branch and phone number:

Previous vet practice/branch and phone number:

4. SUPPORTING INFORMATION

Please include copies of these documents with your claim form:

- Purchase receipt
- Horse's passport (including the pages with their name, your details and the identification page)
- Receipt if you are claiming for disposal costs

Your vet will also need to confirm your horse's medical history for us.

6. ABOUT PAYING YOUR CLAIM

If you pay your premiums by Direct Debit, we will pay any claim payments into that bank account.

If your premium is not paid by Direct Debit, please provide details of the current account you would like us to use:

Account holder's name:

Account Number:

Sort Code:

--	--	--	--	--	--

If your horse dies we will pay the horse's owner.

7. SENDING US YOUR CLAIM

Please send us your fully completed claim form. We aim to process your claim within 5 working days following receipt of all required information.

Please make sure:

- You complete page one and your vet practice completes page two.
- You keep copies of the documents you send for your own records.
- You send your claim to us as soon as possible, preferably within 90 days of your horse passing away.

The completed form and documents should be sent to claimform@animalfriends.co.uk or posted to

**Animal Friends Insurance Services Ltd,
1 The Crescent, Sunrise Way, Amesbury,
Wiltshire, SP4 7QA**

8. YOUR DECLARATION

I confirm that the information I have provided is correct.

I agree that Animal Friends Insurance can talk about this claim with:

- Any vet.
- Any individual that may be involved with this claim.

Please sign here:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Horse Claim Form - Vet Fees

Treating Vet to complete

Send your completed claim to claimform@animalfriends.co.uk
If you have any questions, you can call **0344 557 0300**

You can submit your claim via **Pawtal**, our online claims system for vets.



1. ABOUT THE HORSE

When was the horse first registered with your practice:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Did you see the horse out of hours?

Yes: No:

If yes, did the horse need to be seen straight away?

Yes: No:

If the horse was referred to you, or you referred the horse to another practice please give us the practice name and contact details:

2. DEATH OF HORSE CLAIM

Symptoms/Diagnosis of Condition:

When did the owner say their horse first became unwell?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

When did the horse die?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Was the horse euthanased?

Yes: No:

If yes, did the euthanasia meet BEVA guidelines?

Yes: No:

**PLEASE INCLUDE THE CLINICAL HISTORY THAT YOU HAVE FOR THIS HORSE.
PLEASE INCLUDE DETAILS OF HOW THE HORSE DIED AND THE CONDITION THAT CAUSED THE DEATH.**

3. VET DECLARATION

I confirm that all the information provided is correct.

Name:

--

Position in practice:

--

Phone number:

--

Email address:

--

Practice address:

Please sign here:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

--

4. SENDING US THE CLAIM

The completed claim form and supporting documents should be emailed to claimform@animalfriends.co.uk or posted to **Animal Friends Insurance Services Ltd. Number 1 The Crescent, Sunrise Way, Amesbury, Wiltshire, SP4 7QA.**