

# Horse Pre-authorisation Form

Send your completed form to [claimform@animalfriends.co.uk](mailto:claimform@animalfriends.co.uk)  
If you have any questions, you can call **0344 557 0300**

Ask your vet to submit  
a claim on your behalf via  
Pawtal, our online claims  
system for vets.



## VET TO COMPLETE

For proposed treatment over £1,500 in a 24-hour period.  
Please note it could take up to 5 working days to process this pre-authorisation.  
If you need the outcome faster then please use our online claim system - Pawtal.  
We aim to complete Pawtal pre-authorisations within an hour.

## 1. ABOUT THE POLICYHOLDER

Policy number:	Policyholder's address & postcode:
<input type="text"/>	<input type="text"/>
Policyholder's name:	<input type="text"/>
<input type="text"/>	<input type="text"/>
Contact number:	<input type="text"/>
<input type="text"/>	<input type="text"/>

## 2. ABOUT THE HORSE

Horse's passport name:

Horse's stable name:

Horse's date of birth: 

D	D	M	M	Y	Y	Y	Y
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Horse's breed:

Horse's height:

Filly:  Colt:  Mare:  Gelding:

Has the horse had yearly vaccinations? Yes:  No:

Is the horse routinely wormed? Yes:  No:

## 3. ABOUT THE HORSE'S CONDITION

Diagnosis/Provisional Diagnosis:

When was the horse registered at your practice? 

D	D	M	M	Y	Y	Y	Y
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Please provide details of the condition and the proposed treatment:

When did the horse first show signs of this condition? 

D	D	M	M	Y	Y	Y	Y
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When do you want to carry out the treatment? 

D	D	M	M	Y	Y	Y	Y
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Has the horse ever visited any other vet? Yes:  No:  Don't know:

If yes, please provide the practice(s) name and telephone number:

## 4. SUPPORTING INFORMATION

- Please attach the following documents, if you don't the pre-authorisation could be delayed.
- The clinical history that you hold for the horse (including information from any previous vet if you have it).
  - A detailed and itemised estimate for the treatment you wish to carry out.
  - If applicable, the information/form supplied by the referring vet.

## 5. VET DETAILS

I confirm that the information I have given is correct.

Name:

Position in practice:

Contact number:

Practice name and postcode:

Email address:

Please sign here:

Date: 

D	D	M	M	Y	Y	Y	Y
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## 6. SUBMITTING THE PRE-AUTHORISATION

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