

# Horse Claim Form

## Vet Fees

### Policyholder to complete

Send your completed claim 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.



#### 1. ABOUT YOU

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"/>
Email address:	<input type="text"/>
<input type="text"/>	

#### 2. ABOUT YOUR HORSE

Horse's passport name:	Horse's breed:																
<input type="text"/>	<input type="text"/>																
Horse's stable name:	Horse's height:																
<input type="text"/>	<input type="text"/>																
Horse's date of birth:	When did you get your horse?																
<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										
Filly: <input type="checkbox"/> Colt: <input type="checkbox"/> Mare: <input type="checkbox"/> Gelding: <input type="checkbox"/>	Has the horse had yearly vaccinations? Yes: <input type="checkbox"/> No: <input type="checkbox"/>																
What are the main activities your horse does?	Is the horse routinely wormed? Yes: <input type="checkbox"/> No: <input type="checkbox"/>																
<input type="text"/>																	

#### 3. ABOUT YOUR HORSE'S CONDITION

Name/Symptoms of Condition 1	Name/Symptoms of Condition 2																
<input type="text"/>	<input type="text"/>																
When did you first notice your horse was unwell/injured?	When did you first notice your horse was unwell/injured?																
<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										
Did your horse pass away as a result of this illness or injury? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, what date did they pass away?																
	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
If your horse escaped or was in an accident with another person or animal, please tell us what happened on a separate sheet.																	

#### 4. ABOUT ANY VETS YOUR HORSE HAS VISITED

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 name/branch and phone number:

Previous vet practice name/branch and phone number:

If you lived somewhere else when your horse visited a previous vet, please tell us the address:

- New Condition  
 Continuation or Ongoing Treatment

#### 5. ABOUT PAYING YOUR CLAIM

If we agree to pay your claim, who would you like to be paid?  
Please pay my vet:  Please pay me:

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: 

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#### 6. 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 or qualified specialist completes page two.
- You send us an invoice or receipt with the details of the treatment you are claiming for.
- 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 having treatment.

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

#### 7. 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 professional involved with treating my horse.
- Any individual that may be involved with this claim.

Please sign here:

Date: 

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# Horse Claim Form - Vet Fees

## Treating Vet or Qualified Professional to complete

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



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

### 1. ABOUT THE HORSE

When was the horse first registered with your practice:

D	D	M	M	Y	Y	Y	Y
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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:


If you have recommended complementary treatment for this horse, please confirm the following:

Recommended treatment:


In your opinion, approximately how long will the horse need this treatment?

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### 2. VET FEES CLAIMS

Symptoms/Diagnosis of Condition 1


Dates of treatment for this claim:

From: 

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

To:

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

When did the owner say their horse first became unwell/injured?

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

Have you claimed for this condition for this horse before?

Yes:  No:

Total cost of treatment for this claim (inc. VAT):

£
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Symptoms/Diagnosis of Condition 2


Dates of treatment for this claim:

From: 

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

To:

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

When did the owner say their horse first became unwell/injured?

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

Have you claimed for this condition for this horse before?

Yes:  No:

Total cost of treatment for this claim (inc. VAT):

£
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**PLEASE INCLUDE THE CLINICAL HISTORY THAT YOU HAVE FOR THIS HORSE AND AN ITEMISED INVOICE FOR EACH CLAIM.**

### 3. VET DECLARATION

I confirm that all the information provided is correct. The fees for this claim are no more than I would normally charge a client.

Name:

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Position in practice:

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Phone number:

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Email address:

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Practice address:


Vet practice

Account Number:

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Vet practice

Sort Code:

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Please sign here:

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Date:

D	D	M	M	Y	Y	Y	Y
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### 4. SENDING US THE CLAIM

The completed claim 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.**