

Pet Claim Form

Vet fees for urgent medical care abroad

Policyholder to complete

**animal
Friends**
Pet Insurance Experts

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

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 PET

Pet's name:	Rescue? Yes: <input type="checkbox"/> No: <input type="checkbox"/>																
<input type="text"/>	When did you get your pet?: <table><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><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Pet's date of birth: <table><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><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Has your pet been neutered? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Has your pet had yearly vaccinations? Yes: <input type="checkbox"/> No: <input type="checkbox"/>																
Pet's breed:	<input type="text"/>																
<input type="text"/>																	

3. ABOUT YOUR PET'S CONDITION

Name/Symptoms of Condition 1

When did you first notice your pet was unwell?

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has your pet passed away? Yes: No: If yes, what date did they pass away?

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If your pet escaped or was in an accident with another person or animal, please also tell us what happened on a separate sheet.

4. ABOUT ANY VETS YOUR PET HAS VISITED

We will need your pet's veterinary history to review your claim.
The vet who treated your pet 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:

Please give us the first line of your address and postcode if you lived somewhere else when your pet visited a previous vet:

If your pet has seen any other vet practices please tell us their details on a separate sheet

- 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:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 pet having treatment.

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

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

Please sign here:

Date:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pet Claim Form

Vet fees for urgent medical care abroad

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

1. ABOUT THE PET

When was the pet first registered with your practice:

D	D	M	M	Y	Y	Y	Y
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Did you see the pet out of hours or visit the pet at home? Yes: No:

If yes, did the pet need to be seen straight away? Yes: No:

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

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

Recommended treatment:

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

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2. ABOUT THE PET'S CONDITION

Symptoms/Diagnosis of Condition 1

Dates of treatment for this claim:

From:

D	D	M	M	Y	Y	Y	Y
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To:

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

When did the owner say their pet first became unwell?

D	D	M	M	Y	Y	Y	Y
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Have you claimed for this condition 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 PET 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:

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
or posted to **Animal Friends Insurance Services Ltd. Number 1 The Crescent, Sunrise Way, Amesbury, Wiltshire, SP4 7QA.**