

# Pet Pre-authorisation Form

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.



## VET TO COMPLETE

For proposed treatment over £1000 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 PET

Pet's name:	<input type="text"/>								
Pet's date of birth:	<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		
Pet's breed:	<input type="text"/>								
Male:	<input type="checkbox"/>								
Female:	<input type="checkbox"/>								
Has the pet been neutered?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>								
Has the pet had yearly vaccinations?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>								

### 3. ABOUT THE PET'S CONDITION

Diagnosis/Provisional Diagnosis:	When was the pet registered at your practice?	<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			
<input type="text"/>	When did the pet first show signs of this condition:	<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			
Please provide details of the condition and the proposed treatment:	When do you want to carry out the treatment?	<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			
<input type="text"/>	Has the pet ever visited any other vet?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Don't know: <input type="checkbox"/>								
<input type="text"/>	If yes, please provide the practice(s) name/branch and telephone number:	<input type="text"/>								
<input type="text"/>		<input type="text"/>								

### 4. DOCUMENTS NEEDED

Please attach the following documents, if you don't the pre-authorisation could be delayed.

- The clinical history that you hold for the pet (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.	Practice name and postcode:								
Name:	<input type="text"/>								
<input type="text"/>	Email address:								
Position in practice:	<input type="text"/>								
<input type="text"/>	Please sign here:								
Contact number:	<input type="text"/>								
<input type="text"/>	Date: <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		

### 6. SUBMITTING THE PRE-AUTHORISATION

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.**