

Pet Claim Form

Repeat Medication

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

THIS FORM SHOULD ONLY BE USED TO CLAIM FOR MEDICATION YOU HAVE CLAIMED FOR BEFORE

If it is the first time you have claimed for this medication or you are claiming for any other fees you should use a Vet Fees claim form.

1. ABOUT YOU

Policy number:

Policyholder's name:

Contact number:

Email address:

Policyholder's address & postcode:

2. ABOUT YOUR PET

Pet's name:

Pet's breed:

Pet's date of birth:

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

Male: Female:

3. ABOUT YOUR PET'S CONDITION(S)

First Condition Name:

Name of Medication(s):

Total amount claimed (first condition)

£

Second Condition Name:

Name of Medication(s):

Total amount claimed (second condition)

£

4. ABOUT YOUR CURRENT VET

Please give us the details of the vet that gave you the prescription or medication for your pet.

Vet practice name/branch and phone number:

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:

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

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 give us an invoice or receipt with the details and cost of the medication you are claiming for.
- You send us a copy of the prescription your vet gave you.
- You keep copies of the documents you send for your records.
- You send your claim to us as soon as possible, preferably within 90 days of buying the medication.

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.

Please sign here:

Date:

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