

Horse Claim Form

If your horse has died

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

**animal
Friends**
Horse Insurance

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 passport number:	Horse's height: <input type="text"/>
<input type="text"/>	Filly: <input type="checkbox"/> Colt: <input type="checkbox"/> Mare: <input type="checkbox"/> Gelding: <input type="checkbox"/>
Horse's microchip number:	Do you own or loan your horse? Own: <input type="checkbox"/> Loan: <input type="checkbox"/>
<input type="text"/>	When did you purchase or start loaning your horse? <input type="text"/>
Horse's stable name:	Is the horse routinely wormed? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<input type="text"/>	
Horse's date of birth:	
<input type="text"/>	

3. CLAIM DETAILS

When did your horse pass away?	How did your horse pass away?
<input type="text"/>	<input type="text"/>
If your horse was ill, what date did you first notice they were unwell?	<input type="text"/>
<input type="text"/>	
How much did you or the owner pay for your horse?	£ <input type="text"/>
Are you claiming for disposal? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, how much did you pay?	£ <input type="text"/>

We will need your horse's full veterinary history to review your claim. If your horse is on loan, this includes history from the horse's owner and a copy of your loan agreement.

Current vet practice/branch and phone number:
<input type="text"/>
Previous vet practice/branch and phone number:
<input type="text"/>

4. SUPPORTING INFORMATION

Please include copies of these documents with your claim form:

- Purchase receipt, bank statement or dated correspondence from the previous owner
- Horse's passport (including the pages with their name, your details, and the identification page)
- Receipt if you are claiming for disposal costs
- Your horse's full veterinary history
- If your horse was on loan, a copy of your loan agreement

6. ABOUT PAYING YOUR CLAIM

Any payment will be paid to the Horse's owner.
If you **loaned** your horse, please provide the owners contact details:

Name:
<input type="text"/>
Number:
<input type="text"/>
Email:
<input type="text"/>

If you **owned** your horse and paid via Direct Debit, any payment will be made into the bank account details we hold. If you paid annually, please provide the bank account details you would like to use for any claim payment:

Account holder's name:
<input type="text"/>
Account Number: <input type="text"/>
Sort Code: <input type="text"/>

7. SENDING US YOUR CLAIM

Please send us your fully completed claim form. We aim to process your claim within two working days following receipt of all required information.

Please make sure:

- You complete page one and your vet practice completes page two.
- You keep copies of the documents you send for your own records.

The completed form and documents should be sent to claimform@animalfriends.co.uk or posted to
**Animal Friends House,
1 The Crescent, Sun Rise Way, Amesbury,
Wiltshire, SP4 7QA**

8. YOUR DECLARATION

I confirm that the information I have provided is correct.

I agree that Animal Friends Insurance can talk with any vet, professional or individual that may be involved with this claim.

Please sign here:

Date:

Horse Claim Form – If the horse has died

Treating vet to complete

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

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



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

2. DEATH OF HORSE CLAIM

Cause of death:

When did the horse die?

D	D	M	M	Y	Y	Y	Y
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Was the horse euthanased?

Yes: No:

If yes, did the euthanasia meet BEVA guidelines?

Yes: No:

When did the owner say their horse first became unwell?

D	D	M	M	Y	Y	Y	Y
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PLEASE INCLUDE THE FULL VETERINARY HISTORY THAT YOU HAVE FOR THIS HORSE.

3. VET DECLARATION

I confirm that all the information provided is correct.

Name:

Position in practice:

Phone number:

Email address:

Practice address:

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 House, 1 The Crescent, Sunrise Way, Amesbury, Wiltshire, SP4 7QA.**