

Pet Claim Form

If you can't look after your pet because you're in hospital

Send your completed claim to claimform@animalfriends.co.uk

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

**animal
Friends**
Pet Insurance

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 date of birth:

D	D	M	M	Y	Y	Y	Y
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Pet's breed:

3. CLAIM DETAILS

Why were you in hospital?

Which hospital did you stay in?

Was this an emergency stay? Yes: No:

What dates were you in hospital?

From:

D	D	M	M	Y	Y	Y	Y
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To:

D	D	M	M	Y	Y	Y	Y
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When was your pet being looked after?

From:

D	D	M	M	Y	Y	Y	Y
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To:

D	D	M	M	Y	Y	Y	Y
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Who looked after your pet?

Contact address:

Contact number:

How much are you claiming?

Fees per day: £

Total fees claimed: £

We won't cover stays with unlicensed catteries, kennels, pet minders or dog walkers.

4. SUPPORTING INFORMATION

Please include with your claim form:

- A copy of the invoices from the licensed boarding kennel, cattery, pet minder or dog walker.
- Proof of your hospital stay, including the reason for your stay and the dates you were there.

5. SENDING US YOUR CLAIM

Please send us your fully completed claim form. We aim to process your claim within 2 working days following receipt of all required information.

Please make sure you:

- Complete and sign the claim form.
- Include all supporting information.
- Keep copies of the documents you send for your records.

The completed form and documents should be sent to claimform@animalfriends.co.uk

or posted to

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

6. YOUR DECLARATION

I confirm that the information I have provided is correct and that the documents I have provided are exact copies of the originals.

I also confirm that there is no other insurance that would cover this claim.

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

Print name:

Please sign here:

Date:

D	D	M	M	Y	Y	Y	Y
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Claims will be paid into the account that your **Direct Debit** is collected from.

If you pay your premium **annually** please give us your current account details below:

Account holder's name:

Account Number:

Sort Code:

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