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



Policyholder's name: Contact number: Contac	Contact number: Email address:	
Contact number: Contact number: Contact num	Email address:	
Contact number: Contact number: Contact num	Contact number: Email address:	
### And It was the purchase price of your horse? ### And It was the purchase price of your horse? ### And It was the purchase price of your horse? ### And It was the purchase price of your horse? ### And It was the purchase price of your horse? ### And It was the purchase price of your horse? ### And It was the purchase price of your horse? ### And It was the purchase price of your horse? #### And It was the purchase price of your horse? #### And It was the purchase price of your horse? #### And It was the purchase price of your horse? ##### And It was the purchase price of your horse? ###################################	Email address:	
2. ABOUT YOUR HORSE dorse's passport name: Did the horse have yearly vaccinations? Was the horse routinely wormed? Did you own or loan your horse? What was the purchase price of your horse? E When did you get your horse? Filly: Colt: Mare: Gelding: 3. CLAIM DETAILS When did your horse pass away? How did your horse pass away? When did your horse pass away? Fyour horse was ill, what date did you first notice they were unwell? We will need your horse's veterinary history to review your claim. The vet who treated your horse will provide the notes they have. We will contact your previous vets current vet practice/branch and phone number: 4. SUPPORTING INFORMATION Please include copies of these documents with your claim form:		
2. ABOUT YOUR HORSE dorse's passport name: Did the horse have yearly vaccinations? Was the horse routinely wormed? Did you own or loan your horse? What was the purchase price of your horse? E When did you get your horse? Filly: Colt: Mare: Gelding: 3. CLAIM DETAILS When did your horse pass away? How did your horse pass away? When did your horse pass away? Fyour horse was ill, what date did you first notice they were unwell? We will need your horse's veterinary history to review your claim. The vet who treated your horse will provide the notes they have. We will contact your previous vets current vet practice/branch and phone number: 4. SUPPORTING INFORMATION Please include copies of these documents with your claim form:		
Horse's passport name: Did the horse have yearly vaccinations? Yes: No: No:	2. ABOUT YOUR HORSE	
Horse's passport name: Did the horse have yearly vaccinations? Yes: No: No:	2. ABOUT YOUR HORSE	
yearly vaccinations? Was the horse routinely wormed? Did you own or loan your horse? What was the purchase price of your horse? When did you get your horse? Filly: Colt: Mare: Gelding: 3. CLAIM DETAILS When did your horse pass away? How did your horse pass away? How did your horse pass away? We will need your horse? We will need your horse will provide the notes they have. We will contact your previous vets current vet practice/branch and phone number: 4. SUPPORTING INFORMATION Please include copies of these documents with your claim form:		
Was the horse routinely wormed? Yes: No: Individual No: No: Indi	Horse's passport name:	Did the horse have
Horse's stable name: Did you own or loan your horse?		yearly vaccinations?
What was the purchase price of your horse? ## What was the purchase price of your horse? ## When did you get your horse? ## Gelding: ## Orse's date of birth: ## When did you get your horse? ## Filly: Colt: Mare: Gelding: ## Orse's date of birth: Orse's date	Horse's stable name:	Ves
What was the purchase price of your horse? dorse's height: ## When did you get your horse? ## Gelding: ## When did you get your horse? ## Filly: Colt: Mare: Gelding: ## Are you claiming for disposal? Yes: No: If yes, how much did you pay? ## We will need your horse's veterinary history to review your claim. ## The vet who treated your horse will provide the notes they have. We will contact your previous vets ## Previous vet practice/branch and phone number: ## Asupporting Information ## Please include copies of these documents with your claim form:		
Horse's height: Colt: When did you get your horse? Filly: Colt: Mare: Gelding:	Horse's breed:	your horse?
When did you get your horse? Filly: Colt: Mare: Gelding: 3. CLAIM DETAILS When did your horse pass away? How did your horse pass away? Fyour horse was ill, what date did you first notice they were unwell? Fyour horse was ill, what date did you first notice they were unwell? Fyour horse was ill, what date did you first notice they were unwell? Fyour horse was ill, what date did you first notice they were unwell? Fyour horse was ill, what date did you first notice they were unwell? Fyour horse was ill, what date did you paid for your horse? Fyes: No: Fyes: No: Fyes: No: We will need your horse's veterinary history to review your claim. The vet who treated your horse will provide the notes they have. We will contact your previous vets Current vet practice/branch and phone number: Frevious vet practice/branch and phone number: Previous vet practice/branch and phone number:		What was the purchase price of your horse?
Horse's date of birth: Gelding:	Horse's height:	£
Acrese's date of birth: 3. CLAIM DETAILS When did your horse pass away? How did your horse pass away? Fyour horse was ill, what date did you first notice they were unwell? Yes: No: If yes, how much did you pay? We will need your horse's veterinary history to review your claim. The vet who treated your horse will provide the notes they have. We will contact your previous vets Current vet practice/branch and phone number: Previous vet practice/branch and phone number: 4. SUPPORTING INFORMATION Please include copies of these documents with your claim form:		
When did your horse pass away? Fyour horse was ill, what date did you first notice they were unwell? Yes: No: Fyour horse was ill, what date did you first notice they were unwell? Yes: No: Fyour horse was ill, what date did you first notice they were unwell? Yes: No: Fyour horse was ill, what date did you first notice they were unwell? Yes: No: Fyour your horse? We will need your horse's veterinary history to review your claim. The vet who treated your horse will provide the notes they have. We will contact your previous vets Current vet practice/branch and phone number: Previous vet practice/branch and phone number: 4. SUPPORTING INFORMATION Please include copies of these documents with your claim form:	Horse's date of birth:	
Fyour horse was ill, what date did you first notice they were unwell? Fyour horse was ill, what date did you first notice they were unwell? Fyour horse was ill, what date did you first notice they were unwell? Fyour horse was ill, what date did you first notice they were unwell? Yes: No: If yes, how much did you pay? We will need your horse's veterinary history to review your claim. The vet who treated your horse will provide the notes they have. We will contact your previous vets Current vet practice/branch and phone number: Previous vet practice/branch and phone number: 4. SUPPORTING INFORMATION Please include copies of these documents with your claim form:	3. CLAIM DETAILS	
fyour horse was ill, what date did you first notice they were unwell? Yes: No: Are you claiming for disposal? Yes: No: If yes, how much did you pay? We will need your horse's veterinary history to review your claim. The vet who treated your horse will provide the notes they have. We will contact your previous vets Current vet practice/branch and phone number: Previous vet practice/branch and phone number: 4. SUPPORTING INFORMATION Please include copies of these documents with your claim form:	When did your horse pass away? How did your horse	orse pass away?
fyour horse was ill, what date did you first notice they were unwell? Yes: No: Are you claiming for disposal? Yes: No: If yes, how much did you pay? We will need your horse's veterinary history to review your claim. The vet who treated your horse will provide the notes they have. We will contact your previous vets Current vet practice/branch and phone number: Previous vet practice/branch and phone number: 4. SUPPORTING INFORMATION Please include copies of these documents with your claim form:	D D M M Y Y Y	
We will need your horse's veterinary history to review your claim. The vet who treated your horse will provide the notes they have. We will contact your previous vets Current vet practice/branch and phone number: Previous vet practice/branch and phone number: 4. SUPPORTING INFORMATION Please include copies of these documents with your claim form:	If your horse was ill, what date did you first notice	e they were unwell?
We will need your horse's veterinary history to review your claim. The vet who treated your horse will provide the notes they have. We will contact your previous vets Current vet practice/branch and phone number: Previous vet practice/branch and phone number: 4. SUPPORTING INFORMATION Please include copies of these documents with your claim form:	Do you have proof of how much you paid for your	r horse? Yes: No
The vet who treated your horse will provide the notes they have. We will contact your previous vets Current vet practice/branch and phone number: Previous vet practice/branch and phone number: 4. SUPPORTING INFORMATION Please include copies of these documents with your claim form:	Are you claiming for disposal? Yes: No:	If yes, how much did you pay?
Previous vet practice/branch and phone number: 4. SUPPORTING INFORMATION Please include copies of these documents with your claim form:		
4. SUPPORTING INFORMATION Please include copies of these documents with your claim form:	Current vet practice/branch and phone number:	
4. SUPPORTING INFORMATION Please include copies of these documents with your claim form:		
Please include copies of these documents with your claim form:	Previous vet practice/branch and phone number	:
Please include copies of these documents with your claim form:		
	4. SUPPORTING INFORMATION	
	Diagon include conice of these decurrents with	ith varue daine forme
A. Purchase receipt	A. Purchase receipt	ich your Claim form:

6. ABOUT PAYING YOUR CLAIM

If you pay your premiums by **Direct Debit**, we will pay any claim payments into that bank account.

If you pay your premium **annually** or you are not the **horse's owner**, please provide the bank account details you would like us to use:

Account holder's name:					
Account Number:					
Sort Code:				Т	Π

Any payment will be paid to the Horse's owner.

7. 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 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 nere:				

Date:	D	D	М	М	Υ	Υ	Y	Υ

Horse Claim Form - Vet Fees

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:	If the horse was referred to you, or you referred the horse to another practice please give us the practice name and contact details:
Did you see the horse out of hours? Yes:	No:
If yes, did the horse need to be seen straight away? Yes:	No:
2. DEATH OF HORSE CLAIM	
Symptoms/Diagnosis of Condition:	When did the horse die?
	Was the horse euthanased? Yes: No:
When did the owner say their horse first became unwell?	If yes, did the euthanasia meet BEVA guidelines? Yes: No:
PLEASE INCLUDE DETAILS OF HOW THE HO	ORSE DIED AND THE CONDITION THAT CAUSED THE DEATH.
I confirm that all the information provided is correct.	
Name:	Practice address:
Position in practice:	
Phone number:	
	Please sign here: Date: Date: Date:
Email address:	
4. SENDING US THE CLAIM	
The completed claim form and supporting documents should be or posted to Animal Friends House, 1 The Crescent, Sunrise Way	