

Horse Claim Form

**If your horse can't do the activities you chose for them
(Loss of Use)**

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 HORSE

Horse's passport name:

Horse's stable name:

Horse's breed:

Horse's height:

Horse's date of birth:

D	D	M	M	Y	Y	Y	Y
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Filly: ☐ Colt: ☐ Mare: ☐ Gelding: ☐

Has the horse had
yearly vaccinations?

Yes: ☐ No: ☐

Is the horse routinely wormed?

Yes: ☐ No: ☐

Do you own or loan
your horse?

Own: ☐ Loan: ☐

What is your horse's current market value?

£

When did you
get your horse?

D	D	M	M	Y	Y	Y	Y
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What are the main activities your horse does?

3. ABOUT YOUR HORSE'S CONDITION

Is your horse permanently unable to do the activities you insured them for?

Yes: ☐ No: ☐

If yes, which activities?

Name/Symptoms of Condition:

When did you first notice your horse was unwell?

D	D	M	M	Y	Y	Y	Y
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Do you have proof of how much you paid for your horse?

Yes: ☐ No: ☐

Current vet practice/branch and phone number:

4. SUPPORTING INFORMATION

Please include copies of these documents with your claim form:

- Purchase receipt.
- Horse's passport (including the pages with their name, your details and the identification page).
- You must get written confirmation from your vet that your horse is unable to take part in the activities that they're insured for.
- Your Horse's medical History

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 are not the owner, please provide the bank account details you would like us to use:

Account holder's name:

Account Number:

Sort Code:

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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 keep copies of the documents you send for your own records.
- You send your claim to us as soon as you can, after your vet confirms the horse cannot take part in the activities.

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:

D	D	M	M	Y	Y	Y	Y
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