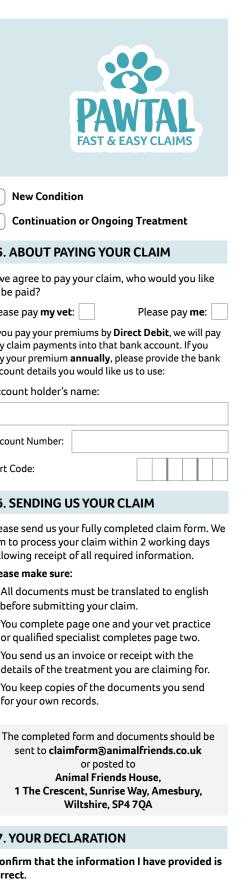
Pet Claim Form Vet fees for urgent medical care abroad Policyholder to complete

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

1. ABOUT YOU



olicy number: Policyholder's address & postcode:		ostcode:	Continuation or On	going Treatment
			5. ABOUT PAYING Y	OUR CLAIM
Policyholder's name:			If we agree to pay your cla to be paid?	aim, who would you like
Contact number:			Please pay my vet :	Please pay me :
Email address:			lf you pay your premiums b any claim payments into th pay your premium annuall account details you would	hat bank account. If you y, please provide the bank
			Account holder's name:	
2. ABOUT YOUR PET				
Pet's name:	Rescue?	Yes: No:	Account Number:	
	When did you get your pet?:	D M M Y Y Y Y	Sort Code:	
Pet's date of birth:	Has your pet been neutered?	Yes: No:	6. SENDING US YOU	RCLAIM
Male: Female: Pet's breed:	Has your pet had yearly vaccinations?	Yes: No:	Please send us your fully aim to process your claim following receipt of all rec	within 2 working days
			Please make sure:	
3. ABOUT YOUR PET'S CONDITION			 All documents must be before submitting you 	
Name/Symptoms of Condition 1			 You complete page on or qualified specialist of 	
			 You send us an invoice details of the treatment 	
When did you first notice your pet was unwell?	D	D M M Y Y Y	 You keep copies of the for your own records. 	documents you send
Has your pet passed away? Yes: No:	If yes, what date did they pass away?	D M M Y Y Y Y	sent to claimforma	nd documents should be animalfriends.co.uk sted to
If your pet escaped or was in an acci please also tell us what hap	ident with another person or opened on a separate sheet.	animal,	Animal Frie 1 The Crescent, Sur	ends House, Irise Way, Amesbury, I, SP4 7QA
4. ABOUT ANY VETS YOUR PET HAS VISIT	ED		7. YOUR DECLARAT	ON
We will need your pet's veterina The vet who treated your pet w	l confirm that the inforn correct.	nation I have provided is		
Current vet practice name/branch and phone num	ber:		l agree that Animal Friend any vet, professional or in	
			involved with this claim.	
Previous vet practice name/branch and phone num	iber:		Please sign here:	
Please give us the first line of your address and post visited a previous vet:	code if you lived somewhere	else when your pet		
If your pet has seen any other vet practices p	lease tell us their details on a	separate sheet	Date:	D D M M Y Y Y

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Pet Claim Form Vet fees for urgent medical care abroad **Treating Vet** or **Qualified Professional** to complete

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



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

1. ABOUT THE PET

When was the pet first registered with your practice:	D M M Y Y Y Y	If the pet was referred to you, or you referred the pet to another practice please give us the practice name and contact details:
Did you see the pet out of hours or visit the pet at home?	Yes: No:	
If yes, did the pet need to be seen straight away?	Yes: No:	

2. ABOUT THE PET'S CONDITION

Symptoms/Diagnosis of Condition 1				
Dates of treatment for this claim:	To:	D D M M Y Y Y	Have you claimed for this condition before? Total cost of treatment for this claim (inc. VAT):	Yes: No:
When did the owner say their pet first became unwell?		D D M M Y Y Y	£	

PLEASE INCLUDE THE CLINICAL HISTORY YOU HOLD FOR THIS PET AND AN ITEMISED INVOICE FOR EACH CLAIM. ALL DOCUMENTS MUST BE TRANSLATED INTO ENGLISH FOR REVIEW.

3. VET DECLARATION

I confirm that all the information provided is correct. The fees for this claim are no more than I would normally charge a client.

Name:	Practice address:	
Position in practice:		
Phone number:	Vet practice Account Number:	Vet practice Sort Code:
	Please sign here:	
Email address:		

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

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