

# Pet Claim Form

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

Send your completed claim form to [claimform@animalfriends.co.uk](mailto:claimform@animalfriends.co.uk)

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



### 1. ABOUT YOU

Policy number:

Policyholder's name:

Contact number:

Email address:

Policyholder's first line of address:

Policyholder's 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, or pet minders.  
To claim for this benefit you must have stayed in the hospital for 4 consecutive days.

### 4. SUPPORTING INFORMATION

Please include with your claim form:

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

### 5. SENDING US YOUR CLAIM

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.

The completed form and documents should be sent to [claimform@animalfriends.co.uk](mailto: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: