

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

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

**animal
Friends**
Pet Insurance

1. ABOUT YOU

Policy number:

Policyholder's first line of address:

Policyholder's name:

Contact number:

Policyholder's postcode:

Email address:

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?

Who looked after your pet?

Which hospital did you stay in?

Contact address:

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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Contact number:

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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How much are you claiming?

Fees per day: £

Total fees claimed: £

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

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:

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Sort Code:

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4. SUPPORTING INFORMATION

Please include with your claim form:

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