

Pet Claim Form

If you need to cancel or cut short a holiday because your pet needs urgent medical care

Send your completed claim form to 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:

Which vet carried out your pet's emergency treatment?

Vet practice name/branch and phone number:

We will need your pet's full clinical history to review your claim.

Previous vet practice name/branch and phone number:

3. CLAIM DETAILS

What were your original holiday dates?

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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When did you book your holiday?

D	D	M	M	Y	Y	Y	Y
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When did you cancel or come home early?

D	D	M	M	Y	Y	Y	Y
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When did you first notice your pet was unwell?

D	D	M	M	Y	Y	Y	Y
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What was wrong with your pet that meant you had to cancel or cut short your holiday?

Please tell us the name of your travel insurance company:

Please list the things you want to claim for: (continue on separate sheet if necessary)

1.	£
2.	£
3.	£
4.	£

This policy is for you and your pet, so we won't be able to cover costs for anyone else that might be on holiday with you.

4. SUPPORTING INFORMATION

Please include with your claim form:

- A. Your holiday booking confirmation/s and invoice/s.
- B. Proof of when you cancelled your holiday.
- C. If you had travel insurance, please send us the insurance schedule.
- D. Receipts for any additional costs.

5. SENDING US YOUR CLAIM

We aim to process your claim within two working days following receipt of all required information.

Please make sure:

- 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, Sun Rise 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 paid for your premium **annually**, please provide the bank account details you would like us to use:

Account holder's name:

Account Number:

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Sort Code:

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