

# 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](mailto: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:

### 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?

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 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](mailto: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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