

# Pet Claim Form

## If your pet goes missing or is stolen

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:

When did you  
get your pet?

D	D	M	M	Y	Y	Y	Y
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Pet's breed:

How much did you pay or donate for your pet?

£

Pet's date  
of birth:

D	D	M	M	Y	Y	Y	Y
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Male:

☐

Female:

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Pet's Microchip number:

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We need your vet's details so that we can ask them for your pet's full medical history.

Current vet practice name/branch and phone number:

Previous vet practice name/branch and phone number:

The amount we can pay is based on what you paid and the age of your pet.

If you didn't pay or donate any money for your pet, you won't be able to claim under this benefit.

We cannot pay for the loss of a pet if they are not microchipped.

### 3. CLAIM DETAILS: IF YOUR PET GOES MISSING OR IS STOLEN

When did your pet go missing?

D	D	M	M	Y	Y	Y	Y
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What date did you report your pet missing to your vet?

D	D	M	M	Y	Y	Y	Y
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What date did you report your pet missing to your microchip company?

D	D	M	M	Y	Y	Y	Y
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Microchip company name:

Microchip company phone number:

For advertising and/or reward costs please tell us how much you are claiming:

£

### 4. SUPPORTING INFORMATION

Please include with your claim form:

- Proof of how much you paid/donated for your pet. *This could be a receipt, bank statement or any correspondence confirming payment/donation.*
- An explanation of how your pet went missing on a separate sheet, including:
  - Where they went missing from.
  - Who was looking after your pet when they went missing and their relationship to you.
  - How the pet escaped, if applicable.
- If applicable, receipts for advertising costs.
- If applicable, proof of reward payment, including who the reward was paid to.
- If applicable, Crime Reference number.

### 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 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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