

Pet Claim Form

Vet fees for urgent medical care abroad

Policyholder to complete

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
D	D	M	M	Y	Y	Y	Y

Pet's breed:

When did you get your pet?

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

Male:

Female:

3. ABOUT YOUR PET'S CONDITION

Name/Symptoms of Condition:

When did you first notice your pet was unwell?

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

If your pet escaped or was in an accident with another person or animal, please also tell us what happened on a separate sheet.

4. ABOUT ANY VETS YOUR PET HAS VISITED

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

The vet who treated your pet whilst on holiday in the EU, will provide the notes they have.

Current UK vet practice name/branch and phone number:

Previous UK vet practice name/branch and phone number:

Please give us the first line of your address and postcode if you lived somewhere else when your pet visited a previous vet:

If your pet has seen any other vet practices please tell us their details on a separate sheet

5. ABOUT PAYING YOUR CLAIM

If we agree to pay your claim, who would you like to be paid?

Please pay my vet:

Please pay me:

If you pay your premiums by **Direct Debit**, we will pay any claim payments into that bank account. If you pay your premium **annually**, please provide the bank account details you would like us to use:

Account holder's name:

Account Number:

Sort Code:

6. SENDING US YOUR CLAIM

We aim to process your claim within 2 working days following receipt of all required information.

Please make sure:

- All documents must be translated to English before submitting your claim.
- You complete page one and the treating vet completes page two.
- You send us an invoice or receipt with the details of the treatment you are claiming for.

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.

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
D	D	M	M	Y	Y	Y	Y

Pet Claim Form

Vet fees for urgent medical care abroad

Treating Vet or Qualified Professional to complete

Send your completed claim form to claimform@animalfriends.co.uk

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



1. ABOUT THE PET'S CONDITION

Symptoms/Diagnosis of Condition 1

Dates of treatment for this claim:

Total cost of treatment for this claim (inc. VAT):

From:

D	D	M	M	Y	Y	Y	Y
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**PLEASE INCLUDE THE CLINICAL HISTORY YOU HOLD FOR THIS PET AND AN ITEMISED INVOICE FOR EACH CLAIM.
ALL DOCUMENTS MUST BE TRANSLATED INTO ENGLISH FOR REVIEW.**

2. VET DECLARATION

I confirm that all the information provided is correct. The fees for this claim are no more than I would normally charge a client.

Name: _____

1. **What is the primary purpose of the study?** (Please select one)

Please sign here:

1. **What is the primary purpose of the study?**

Vet practice Account Number:

Vet practice Sort Code:

Date:

D	D	M	M	Y	Y	Y	Y
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3. SENDING US THE CLAIM

The completed claim form and supporting documents should be emailed to claimform@animalfriends.co.uk or posted to **Animal Friends House, Number 1 The Crescent, Sunrise Way, Amesbury, Wiltshire, SP4 7OA**.