

# Pet Claim Form

## Vet Fees

### Policyholder to complete

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**

**Ask your vet to submit a claim**  
on your behalf via Pawtal, the  
online claims system for vets.



#### 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 breed:

Male:

Female:

Pet's date  
of birth:

D	D	M	M	Y	Y	Y	Y
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When did you  
get your pet?:

D	D	M	M	Y	Y	Y	Y
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#### 3. ABOUT YOUR PET'S CONDITION

Symptoms/Diagnosis of condition 1

  
  

When did you first notice your  
Pet was unwell/injured?

D	D	M	M	Y	Y	Y	Y
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Symptoms/Diagnosis of condition 2

  
  

When did you first notice your  
Pet was unwell/injured?

D	D	M	M	Y	Y	Y	Y
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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 full veterinary history to review your claim.  
The vet who treated your pet will provide the notes they have. Please provide  
the full history from any other vets your pet has visited with this claim.

Current vet practice name/branch and phone number:

Previous 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 provide the clinical notes attached to your claim.

#### 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:

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Sort Code:

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#### 6. 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 page one and your Vet  
completes page two.
- You send us an invoice or receipt with the  
details of the treatment you are claiming for.
- You send us your pet's full veterinary history.

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**

#### 7. YOUR DECLARATION

**I confirm that the information I have provided  
on this completed claim form is correct.**

I agree that Animal Friends Insurance can talk  
with any vet, professional or individual that may  
be involved with this claim.

Please sign here:

Date:

D	D	M	M	Y	Y	Y	Y
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