

Pet Claim Form

Vet Fees

Policyholder to complete

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



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
---	---	---	---	---	---	---	---

Pet's breed:

When did you get your pet?:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Male:

☐

Female:

☐

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
---	---	---	---	---	---	---	---

Symptoms/Diagnosis of condition 2

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

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 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:

--	--	--	--	--	--	--	--	--	--

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:

- 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 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
---	---	---	---	---	---	---	---

Pet Claim Form – Vet Fees

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**

You can submit your claim via **Pawtal**, the online claims system for vets.



1. ABOUT THE PET'S CONDITION

Symptoms/Diagnosis of Condition 1

Dates of treatment for this claim:

From:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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

£

Symptoms/Diagnosis of Condition 2

Dates of treatment for this claim:

From:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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

£

PLEASE INCLUDE THE CLINICAL HISTORY THAT YOU HAVE FOR THIS PET AND AN ITEMISED INVOICE FOR EACH CLAIM.

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:

--

Vet practice Account Number:

--	--	--	--	--	--	--	--

Vet practice Sort Code:

--	--	--	--	--	--

Please sign here:

--

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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, 1 The Crescent, Sun Rise Way, Amesbury, Wiltshire, SP4 7QA.**