

Pet Claim Form: Repeat Medication

The issue of this claim form does not constitute an admission of claim liability by Animal Friends Insurance Services Ltd.
This form is to be used for repeat medications only and should not be used for general veterinary fees.

IMPORTANT NOTES:

Please only use this form if you are obtaining repeat medication from your vet or online pharmacy.

You will need to ensure that:

You fully complete and sign the claim form.

You provide an itemised invoice or receipt for the medication you are claiming for.

You enclose a copy of the prescription for the medication you are claiming for showing your pet's name.

You keep copies of all the documents you send to us for future reference.

You ensure that your claim form is submitted no later than 90 days after the treatment was carried out.

You send the original claim form (copies will not be accepted). Failure to do so may result in your claim being delayed.

Please refer to your policy terms and conditions for full details.

1. ABOUT YOU - Policyholder to complete

Policy number:

Policyholder's name:

Policyholder's address:

Postcode:

Daytime contact number:

Evening contact number:

Email address:

Please tick if this is different to the address on your schedule:

Please provide other address:

2. ABOUT YOUR PET - Policyholder to complete

Pet's name:

Pet's Pedigree name (if applicable):

Pet's date of birth:

Cat: Dog:

Male: Female:

Pet's breed:

Pet's colour:

3. DETAILS OF YOUR PET'S CONDITION - Policyholder to complete

What condition(s) are you claiming for?

Condition 1:

Medication claimed:

Total amount claimed:

£

Condition 2:

Medication claimed:

Total amount claimed:

£

For the condition, please tell us the date you noticed any signs your pet was unwell before booking an appointment with your veterinary practice. **Your claim may be delayed if we do not have this.**

If yes, please give date:

Current vet name & address:

Vet name:

Address:

Postcode:

Current vet contact number:

Dates at current vets:

From: To:

Dates last seen at vets:

From: To:

Condition 1:

Condition 2:

Did the illness or injury result in the death of your pet?

Yes No

4. DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM - Policyholder to complete

Prescription from vets: Invoice for medication being claimed:

Your claim cannot be assessed without these documents and may be returned to you if we don't receive them.

5. YOUR DETAILS & DECLARATION - Policyholder to complete

I declare, to the best of my knowledge and belief, the information I provide is true and complete. I agree that Animal Friends Insurance Services Ltd. may liaise with any vet in relation to my claim.

a) Please pay me: Claims will be paid directly into the account that your premiums are collected from. If you pay your premium annually please provide your account details below.

b) Please pay my vet:

Print name: Signature: Date: ____/____/____

Account Number: Sort Code:

All payments will be made via direct credit to either your account or your vet's. If you are an annual paying customer please ensure you provide your account details here.

The completed claims form should be returned via post to:
Animal Friends Insurance Services Ltd. Number 1 The Crescent, Sunrise Way, Amesbury, Wiltshire, SP4 7QA

Important Information

Animal Friends Insurance is a Pet and Equine Insurance Specialist authorised and regulated by the Financial Conduct Authority. Animal Friend's FCA Registration Number is 307858. This can be checked by visiting the FCA website at <http://www.fca.org.uk/> or by contacting the FCA on 0800 111 6768.

Do you require any help with this form? Call us on 0344 557 0300 and we'll be happy to guide you through it.