

Claim Form for Veterinary Fees

For official use only

PLEASE MAKE SURE THIS CLAIM FORM IS COMPLETED CLEARLY AND IN FULL TO ENSURE THE CORRECT ASSESSMENT OF YOUR CLAIM. PLEASE COMPLETE A SEPARATE FORM FOR EACH PET

We're happy to help!
If you have any questions call us on
0344 391 1087

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

1. Policyholder to complete POLICY REFERENCE **P | H | M | G** | | | | | | | | | | | | | | | |

2. Policyholder to complete ABOUT YOU

Policyholder's name _____
Daytime telephone no _____
Email address _____

Policyholder's address _____
Postcode _____

Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details

3. Policyholder to complete ABOUT YOUR PET

Pet's name _____
Pedigree name _____
Is your pet a Dog Cat Rabbit
Breed _____
Pet's date of birth / / Male Female

Microchip number _____
Is your pet insured with any other company? Yes No
If Yes, please state which company _____

4. Policyholder to complete DETAILS OF YOUR PET'S CONDITION

What condition(s) are you claiming for?
Condition 1 _____
Condition 2 _____

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

Date / / for Condition 1 _____
Date / / for Condition 2 _____
Did the illness or injury result in the death of your pet? Yes No
Date of death / / _____

Please tell us the name of the veterinary surgery where your pet has been registered before (if your pet has been registered at more than one practice, please list these on a separate piece of paper) _____

Referral to another vet practice/specialist clinic - If your dog/cat was referred to another vet/specialist:
Name of referral practice _____

Are you claiming for any travel expenses? Yes No
Are you claiming for any accommodation expenses? Yes No

If Yes, please enclose any invoices and receipts. Failure to attached these will delay your claim.

Overseas treatment - If the treatment has been carried out overseas, please confirm the country in which your dog/cat received treatment _____

5. Policyholder to complete PAYEE DETAILS

PLEASE COMPLETE ONE OF THE FOLLOWING
Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet

A. Pay Vet - please tick
I have checked with my vet and would like this claim paid directly to them
Please write the name of the veterinary practice here _____
Please sign here **X**

B. Pay Policyholder - please tick
I wish the claim to be paid to the policyholder named on the Certificate of Insurance
Please sign here **X**

Cheques will be automatically made payable to the policyholder named on your Certificate of Insurance

By signing this form I authorise Pets at Home Pet Insurance to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Pets at Home Pet Insurance with all information relating to my pet. I also confirm I have checked the information given on this form and that it is correct to the best of my knowledge.

IMPORTANT NOTES

- The insurance is underwritten and administered by Allianz Insurance plc.
- Please include all required documentation, including original invoices and if this is the first claim, a full clinical history
- Please use a separate claim form for each pet.
- Please send completed forms, including copies of all receipts to: Pets at Home Pet Insurance, Allianz Insurance plc, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

Pet Insurance from Pets at Home Ltd, is sold, underwritten and administered by Allianz Insurance plc (Registered in England No. 846380). Registered office: 57 Ladymead, Guildford, Surrey GU1 1DB. Pets at Home Ltd is an Appointed Representative of Allianz Insurance plc which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Pets at Home Ltd is not part of the Allianz (UK) Group.

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER

IF THIS IS THE FIRST CLAIM FOR THIS PET, PLEASE CAN YOU SUBMIT A FULL CLINICAL HISTORY

ASK YOUR VET TO COMPLETE THESE THREE SECTIONS

6. Vet to complete GENERAL INFORMATION

When was this pet first registered at your practice? / /

If this pet has been referred please give the name, address and telephone number of the practice which referred it

Name

Address

Telephone no

In connection with treatment claimed did you:

Make a **house visit?** Yes No

Or provide **out of hours treatment?** Yes No

If Yes, why was the house visit/out of hours treatment necessary?

Is any part of this claim for a condition the pet can be vaccinated against? Yes No

If Yes, were the pet's **vaccinations** up to date at time of treatment?

Yes Please give date of last vaccination / / No Don't know

Is any part of this claim for **dental treatment**? Yes No

If Yes, please enclose a full clinical history over the last 2 years. If this is not attached this will delay the client's claim

7. Vet to complete ABOUT THE ILLNESS OR INJURY

Condition 1

Name of the illness or injury (if no diagnosis has been made please give clinical signs)

Is this claim a continuation? Yes No

When did this illness or injury begin (as noted on your records)? / /

Treatment dates: from / / to / /

Did **death or euthanasia** result from this illness or injury? Yes No

Date of death / /

If the pet was put to sleep, did you recommend this? Yes No

To your knowledge has this pet been seen before for:

This illness or injury Yes No

Any similar or related illness or injury Yes No

Any similar or related clinical signs Yes No

If Yes, please provide the history with dates?

Date / /

Date / /

Total amount claimed (inc VAT) £ -

PLEASE ENCLOSE FULL INVOICES TO SUPPORT THIS CLAIM

7. Vet to complete ABOUT THE ILLNESS OR INJURY

Condition 2 (If relevant)

Name of the illness or injury (if no diagnosis has been made please give clinical signs)

Is this claim a continuation? Yes No

When did this illness or injury begin (as noted on your records)? / /

Treatment dates: from / / to / /

Did **death or euthanasia** result from this illness or injury? Yes No

Date of death / /

If the pet was put to sleep, did you recommend this? Yes No

To your knowledge has this pet been seen before for:

This illness or injury Yes No

Any similar or related illness or injury Yes No

Any similar or related clinical signs Yes No

If Yes, please provide the history with dates?

Date / /

Date / /

Total amount claimed (inc VAT) £ -

PLEASE ENCLOSE FULL INVOICES TO SUPPORT THIS CLAIM

8. Vet to complete DECLARATION BY THE VETERINARY PRACTICE

This practice is authorised to have claims paid direct Yes No

I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief

Name

Position in practice

Practice no

Email address

Vet stamp

Signature

Date / /

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER

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