

Thank you for choosing to download your claim form online.

To prevent any delay in processing your claim, please ensure:

1. You and your vet fully complete the claim form.
2. You sign the claim form. We cannot accept claim forms unless they are signed by the policyholder.
3. Your vet signs the claim form as we do not accept claim forms signed by someone else who may have treated your pet.
4. You provide an itemised invoice or receipt for the treatment you are claiming for.
5. Your usual vet provides your pet's clinical history, where required, even if your pet has been referred to a different vet.
6. Please keep copies of all documents you send us for future reference.

Please use the checklist over the page to ensure you haven't forgotten anything and then send your claim form and the necessary information to:

**By post:**  
**Pets at Home Pet Claims Department**  
**BDML Connect Ltd**  
**The Connect Centre**  
**Kingston Crescent**  
**Portsmouth**  
**PO2 8QL**

**By email:**  
**[insuranceclaims@petsathome.co.uk](mailto:insuranceclaims@petsathome.co.uk)**

When we receive your claim form we aim to process it within five working days. This means you will normally hear from us within two weeks from the date you post your claim form. We will tell you how much we will pay you, how much you have to pay towards the cost of treatment (your excess) and if we cannot help you with all or part of your claim we will explain why. If more information is needed to process your claim we will tell you what it is and how to get it.

Should you have any queries or have any problems filling in your claim form, please contact our claims team on 0800 298 7140. We are available Monday to Friday 8am to 6pm and Saturdays 9am to 2pm and will be happy to help.



where pets come first

## CLAIM FORM CHECKLIST

Please use the checklist below to ensure we can process your claim as quickly as possible and to avoid any delays

- Have you fully completed Section 1?
- Have you signed the declaration box?
- Has your vet fully completed Section 2?
- Has your vet signed and stamped the form?
- Have you attached a fully itemised invoice to show the costs of your pet's treatment, drugs and procedure?
- Have you attached a full clinical history?
- Have you kept a copy of all documents for your own records?



where pets come first

# Vet fees claim form

Section 1: This section must be completed by the policy holder

Policy No.

Title  
Surname  
Forename  
Home address  
Postcode  
Home telephone number  
Mobile telephone number  
Email address

Level of cover  
Original Start date  
Policy dates  
Pet's name  
Pet type (dog/cat/rabbit)  
Breed  
Age of pet  
Pet's gender  
Reference number

From: / / To: / /

1. What illness, injury or behavioural disorder are you claiming the cost of treatment for?

2. When did you first notice your pet was injured, unwell or acting strangely?

3. Please tell us the vet(s) where your pet has been registered previously to you current vet

Practice name  
Address  
Postcode  
Telephone number  
Date last registered

Practice name  
Address  
Postcode  
Telephone number  
Date last registered

Please tell us your address at these vets if it was not your current address

4. If you want to claim for the purchase price or value of your pet, please tell us the amount you originally paid and attach your purchase receipt. (If you do not have a purchase receipt, we will consider your claim in line with your policy wording)

Amount paid £

Purchase receipt attached: Yes

No

5. If you are claiming for the cost of Prescription Diet food please tell us the daily cost of the food your pet normally eats?

£  per day

- I declare that I am the policyholder and all the details my vet and I have given are true, accurate and complete.
- I understand that if the information is not true, accurate or complete my claim may not be paid and my insurance may be cancelled or void.
- I give my authorisation for my current and previous vets to release any information about my pet.

Please note:

- We require a full clinical history.

Please sign one of the boxes below to confirm you agree with the declaration and to tell us who to pay.

Please pay me  
Signature:  
  
Date: / /

Please pay my vet directly  
Signature:  
  
Date: / /

Please pay  
Signature:  
  
Date: / /

Please return your completed claim, along with any accompanying documentation to:

Post: Pets at Home Claims Department, BDML Connect Ltd, The Connect Centre, Portsmouth, PO2 8QL

Email: [Insuranceclaims@petsathome.co.uk](mailto:Insuranceclaims@petsathome.co.uk)

**Section 2: This section must be completed by your vet**

*Please use a separate form for each illness/injury*

1. What is the illness or injury and the area of the body affected or the behavioural disorder?

2. How long before you saw the pet for this illness or injury did the owner say the pet was showing clinical signs?  
 Number of days:  or date first signs noticed:  / /

3. Treatment dates claimed? From  / / to  / /

4. Has the pet died as a result of an illness or injury being claimed? Yes  No   
*If yes please tell us the date.*  / /

5. Have you filled in a form for this illness, injury or behavioural disorder before? Yes  No   
*If yes please tell us the name of the illness or injury you put on the previous form and go to question 9*

6. Has the pet had the illness or injury or a related illness or injury anywhere in or on its body before? Yes  No

7. What are the main clinical signs of the illness, injury or behavioural disorder?

8. Has the pet had the same clinical signs or any related signs anywhere in or on its body before? Yes  No

9. If this pet was referred to you please tell us the name and address of the regular practice.

10. Please tell us the date the pet was first registered at your practice or the regular practice.  
*If you are a referral practice you will need to obtain this date from the regular practice.*  / /

11. If a home visit was made, was it because it would have endangered the pet's health to move it? Yes  No   
*If no, please explain on a separate sheet why the visit was made.*

12. If the claim involves dental or gum treatment, was this caused by an injury? Yes  No

13. If the claim involves Physiotherapy, Osteopathy, Hydrotherapy or Chiropractic manipulation, how many sessions did you recommend?

**Total cost of the treatment claimed**  £

Please attach a full clinical history

I declare to the best of my knowledge, that all the information I have given is correct and Accurate and the fees I have charged are no more than the fees I normally charge all my clients.

Veterinary Surgeon's signature:

Date:            /            /

Practice stamp/details