

## POLICYHOLDER DETAILS

Name:

Address:

Daytime contact number:

Email address:

Policy number:

## POLICY DETAILS

Pets name:

Pets date of birth:

Pets breed:

Pets colour:

The date you acquired your pet:

Is your pet a rescue animal?

If yes, please provide any information that you were given from the previous person/party:

If your pet is microchipped please enter the chip number here

Do you hold any other pet insurance? Yes  No

Please confirm the name of insurer and policy number

**For claims to be processed we require: A fully completed claim form completed and signed by the policy holder and the Vet, full medical history, relevant treatment invoices and vaccination records, all pages of which must be furnished with the veterinary practice stamp.**

- Payment can be made directly to you or your vet. The selected party should enter their bank details in the section below
- Please complete section A and then pass to your vet to complete sections B, C and D
- You must only complete section E (Policyholder Declaration), after the veterinary practice has completed sections B-D. Then return the claim form with receipts to: Pet Protect, Furness House, 53 Brighton Road, Redhill, Surrey RH1 6RD.
- **Your completed claim form must be submitted to Pet Protect within six months of any costs being incurred.**
- The excess applies annually to each illness or condition treated during the Period of Insurance as shown above
- In addition to the excess you may also be required to pay a percentage contribution to the cost of treatment as shown above
- This claim form is only valid for the Period of Insurance as stated above
- Payments for treatments received after the current Period of Insurance shown above will be paid as separate claims under your renewal policy
- If you are claiming for the death benefit, please include a receipt for the purchase price and a pedigree certificate if applicable
- Please refer to your policy Terms & Conditions and Policy Schedule for details of your cover

## PAYMENT DETAILS

We will pay your claim direct to you or your vet's bank account as selected below, and will notify you in writing when payment has occurred.

Please complete one of the following payment options below:

**To you**  - please enter bank details here

Name of account holder

Account number  Branch sort code

**To your Veterinary Surgeon**  - please enter bank details here

Name of account holder

Account number  Branch sort code

## A. TO BE COMPLETED BY THE POLICYHOLDER

When was the first time you noticed any signs of your pet's illness? Date (ddmmyy)

If your pet has been injured please explain the circumstances?

Please continue on a separate sheet if necessary

Vets name:

Address:

Postcode:

Vets name:

Address:

Postcode:

## SECTIONS B - D TO BE COMPLETED BY THE VETERINARY PRACTICE

**IMPORTANT INFORMATION FOR VETS:** Under the FCA's rules and guidance Veterinary Practices are allowed to complete sections B, C, and D below by way of providing information to the policyholder to enable them to complete their claim. It is the policyholder's responsibility to complete, sign and submit their claim forms. Ensure that the policyholder has not signed the form before it is brought to you.

- Please provide the full clinical history for the pet in addition to an itemised receipt showing the date and the cost of the fees. If prescriptions are included, please advise of quantity and type of drugs prescribed.
- If two or more conditions have been treated concurrently, please provide separate costs for each.
- If payment is to be made direct to the Veterinary Practice please also complete the payment details section (overleaf).

**We pay e-claims by**

  
PARTNER

Visit [www.vetenvoy.com](http://www.vetenvoy.com) for more information

### B. TREATMENT INFORMATION

	CLAIM 1	CLAIM 2
1. Diagnosis/Details of treatment	<input type="text"/>	<input type="text"/>
2. Technique or operation used	<input type="text"/>	<input type="text"/>
3. Total cost incl VAT	£ <input type="text"/>	£ <input type="text"/>
4. Treatment Dates (ddmmyy)	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
5. Is this a continuation of a previous claim?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes complete question 10 & 11 and section D only	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes complete question 10 & 11 and section D only
6. Date pet first registered	<input type="text"/>	<input type="text"/>
7. Date signs first noticed by owner as far as you are aware	<input type="text"/>	<input type="text"/>
8. Has the pet been treated for this condition before	Yes <input type="checkbox"/> No <input type="checkbox"/> Date <input type="text"/> Approx cost £ <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Date <input type="text"/> Approx cost £ <input type="text"/>
9. Is there likely to be ongoing treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. If house calls were made, was this because it was life threatening to the pet to move it?	Yes <input type="checkbox"/> No <input type="checkbox"/> cost £ <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> cost £ <input type="text"/>
11. Is any of the fee for Clinical Diet foods?  Food product name	Yes <input type="checkbox"/> No <input type="checkbox"/> cost £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> cost £ <input type="text"/> <input type="text"/>

Pet's Weight:  Kg Body Condition Score (BCS):  Tick as appropriate:  1-5 Scale (1 = emaciated, 5 = Obese)  1-9 Scale (1 = emaciated, 9 = Obese)

### C. IN THE EVENT OF DEATH

1. Date of death  2. Cause of death

3. If euthanasia please indicate why necessary

4. Were any charges made for cremation or burial? Yes  No  If so, how much? £

### D. VETERINARY DECLARATION

I certify, to the best of my knowledge that all the information provided by myself is accurate and complete. I also confirm that the fees charged are my normal practice fees relating to this matter and are no more than the fees I would normally charge my clients. Where a client discount has been applied to the fees this has been deducted from the amount claimed on this claim form.

Signature of Veterinary Surgeon

Print Name

Date (ddmmyy)

**PRACTICE STAMP**

### E. POLICYHOLDER DECLARATION

I declare that my veterinary surgeon recommended the treatment for which I am claiming. The veterinary practice has completed section B-D and the particulars given are correct to the best of my knowledge and belief. I agree that my veterinary surgeon and any previous veterinary practices may provide any information that the company may require to verify my claim.

Signed (policyholder)

Date

To enable us to assess your claim we will require the following documents. Failure to include the documents detailed below may result in a delay in the processing of your claim.

What are you claiming for?	Required documents	Enclosed (Tick to confirm)
<b>Veterinary fees</b>	<p>Claim form fully completed and signed by you (the named policyholder) and your Veterinary Surgeon.</p> <p>A full clinical history from your Veterinary Surgeon.</p> <p>An itemised invoice/receipt showing all the treatment carried out.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Euthanasia</b>	<p>Claim form fully completed and signed by you (the named policyholder) and your Veterinary Surgeon.</p> <p>Purchase receipt from the breeder or donation receipt if adopted through a rescue organisation.</p> <p>Pedigree registration documents.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Third Party Liability (Dogs only)</b>	You will need to complete a Liability Claim form, please contact us to obtain a copy.	<input type="checkbox"/>

**Important:** Please refer to your policy terms and conditions to which shows the level of cover you have for your pet and details which benefits are available to you. Not all of the benefits listed here are claimable on certain policies.