

Pet Claim Form - Death

Policy No:

Date Downloaded:



CLAIM FORMS RECEIVED WHICH ARE INCOMPLETE WILL BE RETURNED TO THE POLICYHOLDER.

1 Your Details (This section to be completed by the policyholder)

Your Name			
Address			
		Postcode	
Daytime Tel. No.		Mobile No.	
Evening Tel. No.			
Email			

2 Pet's Details (This section to be completed by the policyholder)

Name of pet			
Type of pet	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	
Sex of pet	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Breed of pet			
Age of pet			
Date of purchase		Price paid	£
Injury, illness or disease you are claiming for and the date you first noticed the clinical signs.	Claim		
Date		Time	
Attending vet practice	Name		
	Address		
		Postcode	
Practice where your pet has been previously registered, if applicable.	Name		
	Address		
		Postcode	
Has your pet been routinely wormed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your pet been neutered?
Has your pet been routinely vaccinated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration (This section to be completed by the policyholder)

In the event of vet's fees payment becoming due, to Whom should payment be made?	<input type="checkbox"/> Me	<input type="checkbox"/> Vet	<input type="checkbox"/> Other Name	
Could this claim potentially be covered under any other policy of insurance? If Yes, please provide full details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

I hereby declare that the details given by me, are to the best of my knowledge, true and complete.
I authorise the vet to provide, upon request, all copies of medical records of pets treated on my behalf.

Policyholder's Signature

Date

CONTACTING US

If you have any queries, please call



03300 243 556

REQUIREMENTS

YOU Complete sections

1 and **2**

YOUR VET

Completes section

3 (Overleaf)

IMPORTANT NOTES

■ LIABILITY

The issue of this form does not constitute an admission of claim liability by pet-insurance.co.uk

■ REQUIREMENTS

Please ensure that all sections of the claim form are completed by you and your vet as indicated. **Please ensure that your vet includes your pet's medical history with the claim form.** The form must be returned to the address shown below within 90 days. Email or Fax copies of the claim can be sent in advance.

■ SETTLEMENT

In the event of claims settlement becoming due **We** will issue settlement by BACS transfer. Where bank account details have not been provided or this is not possible, settlement will be despatched by cheque. Settlement will be issued to **You** unless otherwise requested. **You** can select an alternative payee by ticking the relevant box on the claim form **You** fill in and by providing the third party name.

■ RESERVATION OF RIGHTS

pet-insurance.co.uk reserve the right to appoint loss adjusters or veterinary consultants to review the claim and also to request further information from current or previous vets or previous insurers.

■ EXCESS

You will have to pay your vet the excess and any unrecoverable items E.G. Admin costs, claim form completion costs etc.

Thorpe Underwood Hall
Ouseburn, York, YO26 9SS
Tel: 03300 243 556
Fax: 03300 242 971

email claims@pet-insurance.co.uk
web: www.pet-insurance.co.uk

Pet Claim Form - Death

To be Completed by **YOUR Vet.**

PLEASE NOTE THAT IF ANY QUESTIONS ARE LEFT UNANSWERED IT IS LIKELY TO CAUSE A DELAY IN THE ASSESSMENT OF THE CLAIM.

Policyholder Name:

Address:

Policy No:

3 Details of Condition and Treatments given. *(This section to be completed by your vet)*

Name of pet

Age of pet

How long has your practice known this animal?

Please can you provide a copy of the animal's medical/clinical history for the duration of ownership. If there is no history available please state the reason why (e.g. We are the referral practice/first time the pet had been seen by this practice):

Illness or Injury - Claim

Please give your diagnosis or cause of death.

Dates and Costs of treatment if applicable.

From

To

Cost

In the case of an illness how long did the animal have this complaint prior to your first consultation.

(As noted by you, stated by the client or on the pet's record).

Was the animal presented at an out of hours surgery, or subject to a home visit.

☐ Yes

☐ No

Did you refer this animal to another vet?

☐ Yes

☐ No

If YES, please state the name and address below:

Has the pet been seen before, for this illness or injury?

☐ Yes

☐ No

Has the pet been seen before, for any similar or related illness or injury?

☐ Yes

☐ No

Has the pet been seen before for any similar or related clinical signs?

☐ Yes

☐ No

If YES, please give date and details below:

If the animal was put to sleep, please indicate why:

PLEASE NOTE THAT IF ANY QUESTIONS ARE LEFT UNANSWERED IT IS LIKELY TO CAUSE A DELAY IN THE ASSESSMENT OF THE CLAIM.

Declaration *(This section to be completed by the attending vet)*

The RCVS regard an insurance claim form once signed by a vet as being a veterinary certificate with attendant serious implications. I hereby certify that I have checked the information in Section 3 and 4, and that to the best of my knowledge it is correct. The fees I have charged are no higher than my normal practice fees.

Vet Name

MRCVS/FRCVS

Practice Name

Practice Address

Postcode

Tel. No.

Vet's Signature

Date

We love pets
Pet Insurance.co.uk

P.O.Box 100 York, YO26 9ZA
Tel: 03300 243 556
Fax: 03300 242 971
email claims@pet-insurance.co.uk
web: www.pet-insurance.co.uk