

How long have you owned your pet? _____ Years and _____ Months

What are you Claiming for? (Please Tick)

Veterinary Fees Loss by theft or straying
Boarding Kennel Fees Holiday Cancellation Costs
Pre-Authorisation Third Party Liability

Death (For Death claims please see below for payment details under **Claiming for Death (Important Information)**)

Claiming for Death (Important Information)

If you are claiming for Death of your pet you need to provide a proof of purchase in the form of a receipt. If you cannot provide proof of purchase we will calculate the market value according to the terms and conditions. Please instruct here how you would like to proceed.

Attached please find Proof of Purchase

I Cannot provide proof of purchase. Please use Market Value

VETERINARIAN'S NOTES

Has this pet ever presented with this condition previously? Yes No

If Yes Please Explain.

In your opinion, was this condition pre-existing at the commencement date of the policy? Yes No

How long has this pet been a patient at your practice? _____ Years _____ Months

Did you make any house visits in connection with this claim? Yes No

Were the house visits necessary? Yes No

If hospitalisation was required, was it medically necessary? Yes No

Check box if Pre-authorisation is required

Practice Stamp



Signature of Vet: _____ Date: _____

YOUR CLAIM CANNOT BE PROCESSED UNLESS YOU HAVE ANSWERED THESE QUESTIONS

(PLEASE TICK)

1. Have you have fully completed ALL areas of the claim form? Failure to do this will delay the processing of your claim.
3. If your pet is a pedigree and you are claiming for Death, have you enclosed a death certificate from your vet?
4. Has your Veterinary Practice stamped this form?
5. Have you (The Policy holder named on the policy) signed the policy declaration at the end of this form?
6. Have you filled in all areas of this form, including your policy number? (An incomplete claim form will cause delays in processing/settling your claim.)
7. Have you provided all supporting documentation & receipts from your vet on your vets headed paper?
8. If this is your first claim have you provided FULL CLINICAL HISTORY from your current and previous vets? (We may ask for this information from you or your vets on subsequent claims.)

