Petplan®
the pet people

For Petplan use only

WEB

Claim Form for Boarding Fees (Hospitalisation)

PLEASE COMPLETE A SEPARATE FORM FOR EACH PET
PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

We're happy to help!
If you have any questions call us on
0845 074 4406

1. Policyholder to complete — POLICY NUMBER

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 ☐

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 ☐

Is your pet insured with any other company? Yes ☐ No ☐

If Yes, please state which company

4. Policyholder to complete — PAYEE DETAILS

Cheques will be automatically made payable to the policyholder(s) named on your Certificate of Insurance.

PLEASE COMPLETE ONE OF THE FOLLOWING

☐ **A. Pay Policyholder(s)** - please tick

I / We wish the claim to be paid to the policyholder(s) named on the Certificate of Insurance.

Please sign here ✗ Date / /

Print name

☐ **B. Pay one Policyholder (joint policy only)** - please tick

We wish one policyholder to be paid only

Policyholder to be paid

Both policyholders must sign

✗ Date / /

Print name

✗ Date / /

Print name

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

5. Policyholder's general practitioner/hospital physician/surgeon to complete — If this is not filled in your claim will be delayed

Patient's name Mr/Mrs/Ms

G.P. practice name and address

Postcode

Telephone no (incl. STD)

Name and address of admitting hospital

Postcode

Date of the first visit to any doctor for this condition / /

Date of hospitalisation from / / to / /

Medical condition requiring hospital treatment

I confirm that to the best of my knowledge the statements are true in every respect.

Signature(s) of G.P./hospital physician/surgeon (please delete as applicable)

✗ Date / /

Print name

6. Boarding kennel proprietor/home carer to complete — Please attach receipts from kennels/home carer

Pet looked after by; Kennels ☐ Home carer ☐

Receipt attached ☐

Written confirmation of payment from home carer attached ☐

Owner's name Mr/Mrs/Ms

Name of kennel/home carer

Postcode

Telephone no (incl. STD)

Date of boarding/home care from / / to / /

Boarding fees per day £ -

Total fees £ -

I confirm that to the best of my knowledge the statements are true in every respect.

Signature(s) of boarding kennel proprietor/home carer (please delete as applicable)

✗ Date / /

Print name

The completed form should be returned to Petplan, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER AND THIS WILL DELAY YOUR CLAIM

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