

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 address _____

Policyholder's name _____

Daytime telephone no _____

Email 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 date of birth / / Male Female

Is your pet insured with any other company? Yes No

If Yes, please state which company _____

Pet's name _____

Pedigree name _____

Is your pet a Dog Cat Rabbit

Breed _____

Has your pet been insured with Petplan before? Yes No

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 **X**

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 **X**

X

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 _____

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

G.P. practice name and address _____

Date of hospitalisation from / / to / /

Postcode _____

Medical condition requiring hospital treatment _____

Telephone no (incl. STD) _____

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

Name and address of admitting hospital _____

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

X

Postcode _____

Date / /

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

Pet looked after by: Kennels Receipt attached

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

Home carer Written confirmation of payment from home carer attached

Boarding fees per day £ -

Owner's name Mr/Mrs/Ms _____

Total fees £ -

Name of kennel/home carer _____

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)

X

Postcode _____

Date / /

Telephone no (incl. STD) _____