

## Claim Form for Veterinary Fees

New Condition

Continuation Condition

Please make sure that this claim form is completed **CLEARLY** and **IN FULL** to ensure the correct assessment of your claim form.

If you are submitting a **CONTINUATION CLAIM** only complete the **YELLOW SHADED BOXES MARKED WITH A 'C'**. Please use a **BLACK PEN** and **BLOCK CAPITALS**.

We may contact you about this claim and future claims by letter, text message or email, using the contact details provided on this form.

**We're happy to help!**

If you have any questions call us on

**0845 074 4406**

1. Policyholder to complete

**POLICY NUMBER**

**C**

2. Policyholder to complete

**ABOUT YOU**

**Policyholder's name**

**C**

Daytime telephone no

Mobile 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**

**C**

Pet's Microchip no.

Pedigree name

Pet's date of birth

Male

Female

Breed

If crossbreed, please state dominant breed (*dogs only*)

If this is the first claim you are submitting for your pet you must include a full clinical history from all of the vets that your pet has been registered with. Your claim will be delayed if this is not included.

4. Policyholder to complete

**DETAILS OF YOUR PET'S ILLNESS/INJURY**

For each condition you are claiming for, please tell us the date you first noticed any signs that your pet was unwell or injured. This date may be before you contacted your veterinary practice.

Your claim may be delayed if we do not have this information.

Condition 1 description:

Date you noticed your pet was unwell

Condition 2 description:

Date you noticed your pet was unwell

Did the illness or injury result in the death of your pet? Yes  No

Date of death

Please give us details of ALL other veterinary practices that your pet has been registered with on a separate piece of paper.

5. Policyholder to complete

**PAYEE DETAILS**

By signing this form I authorise Petplan to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Petplan with all information relating to my pet. I also confirm I have checked the information given on this form and that it is correct to the best of my knowledge.

**PLEASE COMPLETE ONE OF THE FOLLOWING**

Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet.

**A. Pay the Vet directly** - please tick

**C**

I/We have checked with the vet and would like this claim paid directly to them

Please write the name of the veterinary practice here

Please sign here

Date

Print name

**B. Pay Policyholder(s)** - please tick

**C**

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

Please sign here

Date

Print name

**C. Pay one Policyholder (For joint policies only)** - please tick

**C**

We wish one policyholder to be paid only

Policyholder to be paid

**Both policyholders must sign**

Date

Print name

Date

Print name

### IMPORTANT NOTES

- Please include all required documentation, including original invoices
- If the claim is being faxed, please retain all the original copies of the claim form and receipts

- Please use a separate claim form for each animal
- Please send completed claim forms including copies of all receipts 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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