

Claim Form for Veterinary Fees

Are you completing this form for a:

New illness or injury

Complete ALL sections clearly and in full.

Continuation illness or injury

Complete shaded sections only.

We're happy to help!

If you need any help completing this form, please visit petplan.co.uk/my-petplan/howtoclaim.asp

Please complete the claim form fully, using a black pen and block capitals. Missing information will delay your claim.

1. Policyholder to complete

POLICY NUMBER

Reference letters not required

2. Policyholder to complete

ABOUT YOU

Policyholder's address

Policyholder's surname

First name

Contact no.

Email address

(Required to process claims payments)

Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.

Postcode

3. Policyholder to complete

ABOUT YOUR PET

Pet's Microchip no.

Pet's name

Is your pet currently a member of your vet's health or wellness plan? Yes No

Pedigree name

Pet's date of birth

Male

Female

Breed

When did you take on ownership of your pet? / /

If crossbreed, please state dominant breed (dogs only)

4. Policyholder to complete

DETAILS OF YOUR PET'S ILLNESS/INJURY

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

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.

Date of death / /

CONDITION 1 Date you noticed your pet was unwell / /

Please give details of all other practices that your pet has been registered with below and on a separate piece of paper if necessary. If you don't submit a full clinical history from all of the vets with which your pet has been registered when you make your first claim, **your claim will be delayed**. You must also include any health information you have from the person/charity you obtained your pet from.

Description:

Name

CONDITION 2 Date you noticed your pet was unwell / /

Address

Description:

Postcode

Telephone no.

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.

WHO WOULD YOU LIKE US TO PAY Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet.

PLEASE COMPLETE ONE OF THE FOLLOWING

Pay the vet direct

Please sign here

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

X

Practice name

Pay policyholder(s)

Print your name

Direct Debit customers

Claims payments will be paid into the bank account from which your premium is collected. Please ensure you have given us your email address in Section 2 to avoid delay in settlement.

Date / /

IMPORTANT NOTES

- Please include all required documentation, including original invoices and if this is the first claim, a full clinical history
- Please use a separate claim form for each animal

- Please send completed claim forms including copies of all receipts and vet histories to: **Petplan, Great West House (GW2), Great West Road, Brentford, Middlesex, TW8 9DX.**
- We may contact you about this claim and future claims by letter, text message, or email, using the contact details we have on file for you.

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

IF THIS IS THE FIRST CLAIM FOR THIS PET, PLEASE CAN YOU SUBMIT A FULL CLINICAL HISTORY

ASK YOUR VET TO COMPLETE THESE THREE SECTIONS

6. Vet practice to complete **GENERAL INFORMATION**

When was this pet first registered at your practice? / /

If this pet has been referred, please give their contact details below and submit the referral letter or report.

Name of referring vet practice

Address

Telephone no.

Was a house visit or out of hours treatment provided? Yes No

If Yes, why?

Does this pet have a current health or wellness plan with you? Yes No

If yes, are the discounts applied in this claim? Yes No

If no, what is the reason?

Is any part of this claim for a condition the pet can be vaccinated against? Yes No

If Yes, were the pet's vaccinations up to date at time of treatment?

Yes Please give date of last vaccination / / No Don't know

Is any part of this claim for **dental treatment**? Yes No

If Yes, you must enclose a full clinical history over the last 2 years. If this is not attached this will delay the client's claim.

Is any part of this claim for treatment of a **urinary problem**? Yes No

If Yes, were crystals/stones present? Yes No

If Yes, are the crystals/stones Oxalate? Struvite? Other?

If other, please specify

Please give dates of:

1st positive test for crystals Date / /

1st negative test for crystals Date / /

7. Vet practice to complete **ABOUT THE ILLNESS OR INJURY**

CONDITION 1

Name of the illness or injury
(if no diagnosis has been made please give clinical signs)

Is this condition a continuation? Yes No

Treatment dates: from / / to / /

Did **death or euthanasia** result from this illness or injury? Yes No

Date of death / /

When did this illness or injury begin? / /
(as noted on your records)

To your knowledge, has this pet been seen before for this illness or injury, any similar or related illness or injury or clinical sign(s)? Yes No

If Yes, please provide the history with dates

Date / /

Date / /

Total amount claimed (inc VAT) £ .

7. Vet practice to complete **ABOUT THE ILLNESS OR INJURY**

CONDITION 2

Name of the illness or injury
(if no diagnosis has been made please give clinical signs)

Is this condition a continuation? Yes No

Treatment dates: from / / to / /

Did **death or euthanasia** result from this illness or injury? Yes No

Date of death / /

When did this illness or injury begin? / /
(as noted on your records)

To your knowledge, has this pet been seen before for this illness or injury, any similar or related illness or injury or clinical sign(s)? Yes No

If Yes, please provide the history with dates

Date / /

Date / /

Total amount claimed (inc VAT) £ .

PLEASE ENCLOSE ITEMISED INVOICES FOR EACH CONDITION CLAIMED ON THIS CLAIM FORM

8. Vet practice to complete **DECLARATION BY THE VETERINARY PRACTICE**

This practice is authorised to have claims paid direct Yes No

By signing this form I confirm I have checked the information on this claim form and it is all correct to the best of my knowledge.

Name

Position in practice

Petplan Practice no.

Email address

Vet stamp

Signature X

Date / /