

## Claim Form for Emergency Boarding (Boarding Fees)

### PLEASE COMPLETE A SEPARATE FORM FOR EACH PET

N.B. Issue of this form does not constitute admission of liability on the part of the insurers.

Please complete the form and ensure it is saved before you send it.

Missing information will delay your claim.

**We're happy to help!**

If you need any help completing this form, please visit [petplan.co.uk/my-petplan/howtoclaim.asp](http://petplan.co.uk/my-petplan/howtoclaim.asp)

1. Policyholder to complete

**POLICY NUMBER**

Reference letters not required

2. Policyholder to complete

**ABOUT YOU**

Policyholder's address

Policyholder's surname

Policyholder's first name

Telephone no.

Mobile no.

Email address

(Required for electronic payments)

Postcode

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

3. Policyholder to complete

**ABOUT YOUR PET**

Pet's name

Pedigree name

Is your pet a Dog  Cat  Rabbit

Breed

If crossbreed, please state dominant breed (dogs only)

Pet's microchip no.

Pet's date of birth / / Male  Female

Date you first owned your pet / /

Is your pet insured with any other company? Yes  No

If Yes, please state which company

4. Policyholder to complete

**PAYEE DETAILS**

**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.

Print name

Date / /

By completing this form I confirm I have checked the information given and that it is correct to the best of my knowledge. I also give Allianz Insurance plc permission to contact my G.P./ hospital physician/surgeon with regards to my condition on this claim form.

5. Policyholder's general practitioner/hospital physician/surgeon to complete

If all sections are not completed your claim will be delayed

Patient's name Mr/Mrs/Ms/Mx

Medical condition requiring hospital treatment

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

Date of hospitalisation from / / to / /

Did the patient require convalescence/rehabilitation care outside hospital? Yes  No

Dates of convalescence from / / to / /

G.P. practice name and address

Postcode

Telephone no. (incl. STD)

Name and address of admitting hospital

Postcode

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

Name(s) of G.P. hospital physician surgeon

Name

Date / /

6. Boarding kennel proprietor/home carer to complete

Please attach receipts from licensed kennels/home carer

Pet looked after by; Licensed kennels  Receipt attached   
Home carer  Written confirmation of payment from home carer attached

Proprietor's name Mr/Mrs/Ms/Mx

Name of kennel/home carer

Address

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.

Name(s) of boarding kennel proprietor home carer

Name

Date / /

**Important note** - Please send completed claim forms including copies of all receipts and vet histories to: [claims@petplan.co.uk](mailto:claims@petplan.co.uk)

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

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