

## Claim Form for Vet Bills (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](http://petplan.co.uk/my-petplan/howtoclaim.asp)

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

Policyholder's first name

Contact no.

Email address (Required to process claims 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

Breed

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

Pet's microchip no.

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

Pet's date of birth / / Male  Female

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

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.

**CONDITION 1** Date you noticed your pet was unwell / /

Description:

**CONDITION 2** Date you noticed your pet was unwell / /

Description:

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

Date of death / /

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.

Name

Address

Postcode

Telephone no.

5. Policyholder to complete **PAYEE DETAILS**

By completing 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**  
I/We have checked with the vet and would like this claim paid directly to them  
Practice name

**Pay policyholder(s)**  
Policyholder 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: [claims@petplan.co.uk](mailto:claims@petplan.co.uk).
- 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

Postcode

Telephone no.

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

**If Yes, why?**

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**

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?**

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 SEND US ITEMISED INVOICES FOR EACH CONDITION CLAIMED FOR ON THIS CLAIM FORM**

8. Vet practice to complete

This practice is authorised to have claims paid direct Yes  No

By completing 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

Date / /