

Claim form for prescription medication

(purchased from either a pharmacy or online)

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/help

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

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.

Policyholder's surname

Policyholder's first name

Contact no.

Email address

(Required to process claims payments)

3. Policyholder to complete

ABOUT YOUR PET

If crossbreed, please state dominant breed (dogs only)

Pet's microchip no.

Pet's date of birth

/ /

Male

Female

When did you take on ownership of your pet?

/ /

Pet's name

Pedigree name

Breed

4. Policyholder to complete

DETAILS OF YOUR PET'S ILLNESS/INJURY

For each condition you are claiming for, please tell us the name of the medication you purchased and the details of the vet who prescribed this medication.

CONDITION 1

Condition name

Name of prescription medication purchased online/from a pharmacy

Total £

I confirm I have attached a copy of the prescription(s)

I confirm I have attached a copy of the invoice/receipt

Details of the vet who prescribed this medication.

Practice name

Practice address

Postcode

If you were prescribed medication by 2 different vets, please provide the vet details and a copy of the prescription for each.

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

Date of death / /

CONDITION 2

Condition name

Name of prescription medication purchased online/from a pharmacy

Total £

I confirm I have attached a copy of the prescription(s)

I confirm I have attached a copy of the invoice/receipt

Details of the vet who prescribed this medication.

Practice name

Practice address

Postcode

If you were prescribed medication by 2 different vets, please provide the vet details and a copy of the prescription for each.

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

Date of death / /

5. 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.

Policyholder name

By completing this form I confirm I have checked the information given and that it is correct to the best of my knowledge.

Date / /

IMPORTANT NOTES

- Please include all required documentation
- Please use a separate claim form for each pet

- Please send completed claim forms including copies of all receipts and vet histories to: 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 DELAY YOUR CLAIM