

Claim Form for Vet Fees



Send your claim form to claims@petprotect.co.uk or complete a form online at www.petprotect.co.uk/claim

How to complete the claim form

1. Please use **black ink** to complete the form or download and complete the fields using Adobe PDF
2. Complete sections A, B, C, D, E and I. You must only complete section I (Policyholder Declaration), after the vet practice has completed section F to H
3. Your vet should complete sections F, G and H
4. **Return the claim form to: claims@petprotect.co.uk**

A. Policyholder to complete Policyholder Details (where available). These details can be found on your policy summary

| | | | |
|--------------------------------------|--|---------------------------------|--|
| Name | | Policy number | |
| Address | | Period of insurance (if known) | |
| | | Vet fee excess (if known) | |
| | | Vet fee contribution (if known) | |
| | | | |
| Do you have any other pet insurance? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Telephone number | |

B. Pet Details

| | | | |
|------------------|--|------------------------|--|
| Pet name | | Sex of pet | |
| Pet breed | | Age at start of policy | |
| Microchip number | | Is your pet neutered? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

C. Policyholder to Complete - Payment Details

We can pay your claim direct to you or your vet's bank account. The payee bank details must be provided in the section below. Please note: failure to provide this information may delay your claim, and failure to indicate a payee will mean payment will default to our policyholder. Please complete ONE of the following:

| | | | |
|---|---|---|---|
| Pay policyholder <input type="checkbox"/> | Claims will be paid into the bank account from the same account that your premium amount is collected (not applicable to credit card payers). | Pay the vet direct <input type="checkbox"/> | I/We have checked with the vet and would like the claim to be paid directly to them |
| Name of account holder | | Name of account holder | |
| Account number | | Account number | |
| Sort code | | Sort code | |

D. Policyholder to complete – Pet's illness

| | | | |
|---|-----------------|--|--|
| What date was the first time you noticed signs of your pet's illness? | Date (DD/MM/YY) | If your pet has been injured, please provide details | |
|---|-----------------|--|--|

E. Policyholder to Complete – Previous vet practices

Please provide details of your previous vet practices below:

| | | | |
|------------|--|------------|--|
| Vet name 1 | | Vet name 2 | |
| Address | | Address | |
| Postcode | | Postcode | |

Important information

For claims to be processed we require: 1. a fully completed claim form signed by the policyholder and the vet, 2. full medical history, 3. relevant treatment invoices. Incomplete claim forms will be returned and may delay your claim.

- **Your completed claim form must be submitted to Pet Protect within six months of any costs being incurred.**
- The excess applies annually to each illness or condition treated during the period of insurance as specified in your policy documents
- In addition to the excess, you may have to pay a percentage contribution to the cost of treatment, as specified in your policy documents, and if applicable will apply to each claim paid
- Treatment costs incurred over two periods of insurance will be assessed as separate claims under each policy year
- If you're claiming for the death benefit (section 10 of your policy booklet), please include an original receipt for the purchase of the pet and a pedigree certificate if applicable
- Please refer to the policy Terms and Conditions and Policy Schedule for full details of your cover

Email your claim form to claims@petprotect.co.uk
Or complete and submit a claim form online at www.petprotect.co.uk/claim

Important information for vets – ask your vet to complete sections F, G and H

Under the FCA's rules and guidance, vet practices are allowed to complete sections F, G and H below to provide information to the policyholder to enable them to complete their claim. It is the policyholder's responsibility to complete, sign and submit the claim form. Please ensure that the policyholder has not signed the form before you have completed the below.

- Please provide full clinical history for the pet in addition to an itemised receipt showing the date and cost of fees
- If prescriptions are included, please advise the quantity and type of medication prescribed
- If two or more conditions have been treated together, please provide separate costs for each condition
- If payment is to be made direct to the veterinary practice please also complete the payment details section (overleaf)

F. Vet practice to complete - Treatment information

| | Claim 1 | Claim 2 |
|--|--|--|
| Diagnosis or details of treatment | | |
| Technique or operation used | | |
| Total cost (including VAT) | £ | £ |
| Treatment dates Claims must be submitted within 6 months of the treatment start date | From: To: | From: To: |
| Is it a continuation of a previous claim? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date pet first registered | | |
| Date signs first noticed by owner | | |
| Has the pet been treated for this condition previously? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If house calls were made, was it because it was life threatening to the pet? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

G. Vet practice to complete - In the event of death

| | | | |
|---|--|---------------------------|---|
| Date of death | | Cause of death | |
| If Euthanasia, please indicate why necessary | | | |
| Were there any charges for cremation or burial? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, what is the cost? | £ |

H. Vet practice to complete - Vet declaration

By signing this form, I confirm that the details above are correct to the best of my of knowledge and are the usual fees charged by this vet practice.

Signed by vet

Date

Print name

Practice stamp

I. Policyholder to complete - Policyholder declaration

By signing this form, I confirm that my vet recommended the treatment for which I am claiming. The vet practice has completed sections B to D and the information provided is correct to the best of my knowledge. I agree that the vet and any other vet practices may provide information to verify the claim.

Signed by policyholder

Date

Print name

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Claim Checklist



Email your complete claim form to claims@petprotect.co.uk
Or complete a claim form online at www.petprotect.co.uk/claim

- To enable us to assess your claim we will require the following documents.
- Failure to include the documents detailed below may result in a delay in processing your claim
- Claims must be submitted within 6 months of the treatment start date unless otherwise stated

| What are you claiming for? | Required documents | Enclosed (Tick to confirm) |
|--|--|--|
| Veterinary fees | <ul style="list-style-type: none"> • Claim form fully completed and signed by you (the named policyholder) and your Veterinary Surgeon. • A full clinical history from your Veterinary Surgeon. • An itemised invoice/receipt showing all the treatment carried out. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Death Benefit | <ul style="list-style-type: none"> • Claim form fully completed and signed by you (the named policyholder) and your Veterinary Surgeon. • Purchase receipt from the breeder or donation receipt if adopted through a rescue organisation. • Pedigree registration documents. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Boarding Kennel or Cattery fees | <ul style="list-style-type: none"> • Claim form fully completed and signed by you (the named policyholder). • Kennel or cattery invoice. • Letter from your GP or hospital confirming the dates you were hospitalised. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Advertising & reward | <ul style="list-style-type: none"> • Claim form fully completed and signed by you (the named policyholder). • Searchers fee invoice if appointed. • Receipts for stationery used. • The finder of your pet detailing the reward you gave. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Theft or Straying | <ul style="list-style-type: none"> • Claim form fully completed and signed by you (the named policyholder) and your Veterinary Surgeon. • Purchase receipt from the breeder or donation receipt if adopted through a rescue organisation. • Name and telephone number of rescue centres or dog warden you have contacted. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Holiday Cancellation | <ul style="list-style-type: none"> • Claim form fully completed and signed by you (the named policyholder). • Travel operator (or similar) confirmation letter of cancellation and costs charged. • Travel operator (or similar) booking invoice. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Overseas Travel | <ul style="list-style-type: none"> • Claim form fully completed and signed by you (the named policyholder) and the treating Veterinary Surgeon. • A full clinical history from your Veterinary Surgeon. • An itemised invoice/receipt showing all the treatment carried out. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Liability, Accidental Damage | <ul style="list-style-type: none"> • You will need to complete a Liability Claim form, please contact us to obtain a copy. | <input type="checkbox"/> |

Important: please refer to our Policy Terms & Conditions to find the level of cover and benefit levels you have for your pet. Not all of the benefits listed here are claimable across all policies.