

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 sections shaded yellow only.

Please complete the claim form fully, using a black pen and block capitals.

Missing information will delay your claim.

We're happy to help!

If you have any questions call us on

0345 074 4406

or if you need help completing the form visit petplan.co.uk/my-petplan/howtoclaim

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 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

If this is the first claim you are submitting for your pet you must include a full clinical history from all of the vets that your pet has been registered with, plus any information you may have from the person/party you obtained your pet from. Your claim will be delayed if this is not included.

Breed

If crossbreed, please state dominant breed (dogs only)

Pet's Microchip no.1

Pet's Microchip no.2

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.

Your claim will be delayed if we do not have this information.

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 us details of ALL other veterinary practices that your pet has been registered with on a separate piece of paper.

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.

PLEASE COMPLETE ONE OF THE FOLLOWING

Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet.

A. Pay the vet direct - please tick

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

Practice name

or **B. Pay policyholder(s)** - please tick one of the options below

Electronic payment Ensure you have given us your email address in section 2 above and your claim shall be paid into the bank account your premium is collected from.

Cheque I/We wish the claim to be paid to the policyholder(s) named on the Certificate of Insurance

Please sign here

X

Print name

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 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 provided on this form.

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 the name, address and telephone number of the practice which referred it and submit the referral letter/report with this claim.

Name _____

Address _____

Telephone no. _____

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

If Yes, why? _____

Is this part of a wellness scheme? Yes No

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

Has this pet had annual dental checks over the last 2 years? 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 / /