Claim Form for Veterinary Fees

Are you completing this form for:
New illness or injury
Continuation illness or injury

Please complete the claim form fully, using a black pen and block capitals. Missing information will delay your claim.

1. Policyholder to complete POLICY NUMBER

2. Policyholder to complete ABOUT YOU

Policyholder’s surname
First name
Contact no.
Email address

3. Policyholder to complete ABOUT YOUR PET

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

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?

5. Policyholder to complete PAYEE DETAILS

A. Pay the vet direct - please tick
B. Pay policyholder(s) - please tick one of the options below

Please sign here

Print name
Date

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

Petplan is a trading name of Pet Plan Limited (Registered in England No. 1282939) and Allianz Insurance plc (Registered in England No. 84638), Registered office: 57 Ladymead, Guildford, Surrey GU1 1DB. Pet Plan Limited is authorised and regulated by the Financial Conduct Authority. Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
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 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

7. Vet practice to complete

ABOUT THE ILLNESS OR INJURY

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

Signature X

Date / / 

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