

## LONG TERM REPEAT MEDICATION CLAIM FORM

This form must be completed by the policyholder or claimant when making an insurance claim for long-term repeat medication only

You do not need a completed claim form by your vet if they have diagnosed a long-term condition and you are only claiming for further doses of medication and prescription cost. Please ensure this form is submitted to Pet Protect along with, if any, your prescription charge invoice. **Please note: if you are claiming for a consultation cost as well please visit [www.petprotect.co.uk](http://www.petprotect.co.uk) and complete a standard claim form, which needs to be signed and stamped by a vet practice.**

Please email your completed form to: [claims@petprotect.co.uk](mailto:claims@petprotect.co.uk)

FULL NAME OF CLAIMANT

ADDRESS OF CLAIMANT

Postcode:

POLICY NUMBER

PET'S NAME

PET'S CONDITION

MEDICATION CLAIMED

VIOVET ORDER NO.

VET'S INVOICE TOTAL FOR PRESCRIPTION CHARGE

£

- I declare that I am the policyholder and all the details I have given are true, accurate and complete.
- I declare that this claim is for long-term repeat medication only and I have submitted a prescription.
- I understand that if the information is not true, accurate or complete, my claim may not be paid and my insurance may be cancelled or void.
- I give authorisation for my current and previous vets to release any information about my pet.

**Please note: all claims are assessed individually and any costs relating to a prescription that may be deemed unreasonable will be settled at a reduced rate.**

Please sign the box below to confirm you agree with the declaration and to tell us who to pay.

Signature:

Name:

Date:

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How many months supply of medication(s) are on the submitted prescription?