



Vet Fees Claim Form

Before filling in this form, please:

1

Ensure that all claims are supported by fully itemised receipts or invoices and return to Pet Protect as soon as possible to contact@email.petprotect.co.uk or to the address provided at the bottom of the back page.

2

Read your Policy and Certificate of Insurance to check that you are covered.

Policyholder to complete

Your Details

Policyholder Name

Name of Pet

Policy Number

Breed of Pet

Address

Pet's Date of Birth (DD/MM/YY)

Mobile Number

Email Address

Postcode

Policyholder to complete

About Your Pet

When did you acquire your pet?

/ /

Has your pet been registered with any other veterinary practice?

Yes

No

When were you first aware of the symptoms/condition/injury?

/ /

(If YES, please provide the practice name and address and any other previous names or addresses your pet was registered under) Please attach additional Vet's details on a blank page.

Practice Name:

Town:

Postcode:

Phone Number:

Pet Name:

Date Registered:

/ /

Practice Name:

Town:

Postcode:

Phone Number:

Pet Name:

Date Registered:

/ /

Policyholder to complete

Claim Payment Declaration & Authority

- I declare that my Veterinary Surgeon recommended the treatment for which the benefit is claimed and that the statements I have made are true. I agree that if they are found to be untrue, I will lose all my rights under the policy.
- I understand that my personal information will be held on a computer for the purposes of administering this insurance, including carrying out customer surveys, claims handling and fraud prevention.
- I agree that my Veterinary Surgeon may provide any information my insurer may require regarding past medical history, and the nature of the condition and its treatment and that you make payment as indicated below.
- I also authorise you to discuss and share data on my claim with the practice, referral vet or any specialist who has provided treatment or services for my pet or any specialist who may assess the services provided.

Please select one option:

Pay you directly

Select this option if you would like the payment to be made to yourself. We will pay your claim directly into the bank account from which your premiums are collected, unless you provide an alternative account belonging to you in the section below:

Pay your Vet directly

Select this option if your Veterinary Practice is happy for your claim to be paid directly to them. If you select this option, please request that your vet fills in the payment section on the next page.

Signed (Policyholder)

Account Number

Date Signed

Name Printed

Name of Account Holders

Sort Code



Please attach a copy of the pet's full clinical record and an invoice for the treatment being claimed. (Including Histology Results, Referral Letters, Lab Results & any Out Of Hours)

Veterinary Practice to complete

General Information

Name of Pet

Total amount of claim (Including VAT)

Breed of Pet

£

Date pet first registered with practice?

/ /

Symptoms first noted by owner?

/ /

When did the illness / injury begin?

/ /

Treatment Dates for **this** claim
(From)

/ /

Is this a continuation of a previous claim?

Yes No

(To)

/ /

Name of illness or injury

Veterinary Practice to complete

Claim for Death

Cost of euthanasia

£

Cost of cremation

£

Date of death

/ /

State cause or suspected cause of death:

Illness

Accidental Injury

Cause of death:

Veterinary Practice to complete

House Calls and Outs of Hours Fees

If you have charged for house calls, and or out of hours fees, were these essential for the pets health?

Yes

No

Veterinary Practice to complete

Charges within your invoice

Please attach the invoice and only complete this section if you have included these items in the total amount of the claim above:

Administrative Fees
(to complete claim form)

£

Stem Cell Treatment

£

Clinical Diet Food

£

Vaccination Fees

£

Complementary Treatment

£

Dental Scale & Polish

£

Physiotherapy Treatment

£

Flea / Worm Treatment

£

Veterinary Practice to complete

Declaration

I confirm that the information I have provided is a true and accurate reflection of the treatment given and that the fees charged are no higher than the normal practice fees. I also confirm that the treatment given was appropriate and reasonable for the pet's condition.

Signed

Name Printed

Date Signed

/ /

Position

Veterinary Practice Email Address

Account Number

Sort Code

— —

Veterinary Practice Telephone Number



Making a claim is easy on the Pet Portal

Register on the portal to submit claims and track progress

Visit: petportal.petprotect.co.uk



Return Claim Form to:

Email: contact@email.petprotect.co.uk

Pet Protect, PO Box 7925, Bilston WV1 9TT