

Veterinary Practice to complete **About the Policyholder**

Policyholder Name

Policy Number

Address

Postcode

Name of Pet

Breed of Pet

Pet's Date of Birth / /

Mobile Number

Email Address

! Please Note: Attach a copy of the pet's full clinical record and an itemised estimate for the treatment.

Veterinary Practice to complete **Veterinary Fees**

Date symptoms first noted by owner
 / /

Estimated gross cost of treatment
(Including VAT)
 £

To your knowledge has this pet been previously seen for:

a) This illness or injury?
 Yes No

b) Any similar or related illness or injury?
 Yes No

c) Any similar or related clinical signs?
 Yes No

d) Is this a claim for dental illness / injury or related condition?
 Yes No

If yes, has any advice regarding dental treatment / care previously been given?
 Yes No

Please provide details of diagnosis, if any, and proposed treatment: (If your diagnosis is not complete please advise)

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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

Position

Date Signed
 / /

Veterinary Practice Name

Veterinary Practice Email Address

Veterinary Practice Telephone Number

Veterinary Practice Postcode

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: preauthorisations@petprotect.co.uk
 Pet Protect, Pinnacle House, A1 Barnet Way,
 Borehamwood, Hertfordshire WD6 2XX