

Policyholder to complete

Your Details

Policyholder Name

Policy Number

Address

Postcode

Name of Pet

Breed of Pet

Pet's Date of Birth

Mobile Number

Email Address

Veterinary Practice to complete

Veterinary Fees

Date symptoms first noted by owner

Estimated gross cost of treatment

(Including VAT)

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

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 ☐

If yes, please provide the date advice was given?



PLEASE NOTE:

Attach a copy of the pet's full clinical record and an itemised estimate for the treatment

Veterinary Practice to complete

Declaration

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

Signed

Name Printed

Position

Date Signed

Veterinary Practice Email Address

Veterinary Practice Name

Veterinary Practice Telephone Number

Veterinary Practice Postcode

Practice Stamp

If unavailable please attach a signed compliment slip



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: claims@petprotect.co.uk

Pet Protect, PO Box 7925, Bilston WV1 9TT