

LONG TERM REPEAT MEDICATION CLAIM FORM

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

You do not need a claim form completed by your vet if they have diagnosed a long term condition and you are only claiming for further doses of medication and the prescription cost. Please ensure this form is submitted, with your invoice from Viovet.co.uk, 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 and complete a standard claim form which will need to be signed and stamped by a veterinary practice.**

Send to: Pet Protect Claims Dept, Furness House, 53 Brighton Road, Redhill, Surrey, RH1 6RD

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 to Viovet.
- 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 in relation to the prescription deemed unreasonable may 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:	/ /

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