

Rabbit Claim Form

If your rabbit goes missing or is stolen

Send your completed claim form to claimform@animalfriends.co.uk
If you have any questions, you can call **0344 557 0300**

**Pet
Health
Club**

Insurance
brought to
you by...

**animal
Friends**
Pet Insurance

1. ABOUT YOU

Policy number:

Policyholder's first line of address:

Policyholder's name:

Contact number:

Policyholder's postcode:

Email address:

2. ABOUT YOUR RABBIT

Rabbit's name:

Male:

Female:

Rabbit's breed:

When did you get your rabbit?

Rabbit's date
of birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Rabbit's Microchip number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

We need your vet's details so that we can ask them for your rabbit's full medical history.

Current vet practice name/branch and phone number:

Previous vet practice name/branch and phone number:

3. CLAIM DETAILS: IF YOUR PET GOES MISSING OR IS STOLEN

When did your rabbit go missing?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

What date did you report your rabbit missing to your vet?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

What date did you report your rabbit missing to your
microchip company?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Microchip company name:

Microchip company phone number:

Amount being claimed:

£

4. SUPPORTING INFORMATION

Please include with your claim form:

- An explanation of how your rabbit went missing on a separate sheet, including:
 - Where they went missing from.
 - Who was looking after your rabbit when they went missing and their relationship to you.
 - How the rabbit escaped, if applicable.
- Receipts for advertising costs.
- Proof of reward payment, including who the reward was paid to.

5. SENDING US YOUR CLAIM

We aim to process your claim within 2 working days following receipt of all required information.

Please make sure you:

- Complete and sign the claim form.
- Include all supporting information.

The completed form and documents should be sent to claimform@animalfriends.co.uk or posted to **Animal Friends House, 1 The Crescent, Sunrise Way, Amesbury, Wiltshire, SP4 7QA**

6. YOUR DECLARATION

I confirm that the information I have provided is correct and that the documents I have provided are exact copies of the originals. I also confirm that there is no other insurance that would cover this claim.

I agree that Animal Friends Insurance can talk with any vet, professional or individual that may be involved with this claim.

Print name:

Please sign here:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Claims will be paid into the account that your **Direct Debit** is collected from. If you paid for your premium **annually**, please provide the bank account details you would like us to use:

Account holder's name:

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sort Code:

--	--	--	--	--	--