

# Rabbit pre-authorisation form

Send your completed form to [claimform@animalfriends.co.uk](mailto:claimform@animalfriends.co.uk)  
Please include 'Pre Authorisation' in the subject line of your email.  
If you have any questions, you can call **0344 557 0300**

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## VET TO COMPLETE

For proposed treatment of any amount in a 24-hour period. We aim to process pre-authorisations within 1 working hour.  
You can also submit your pre-authorisation on the online claims system- Pawtal.

### 1. POLICYHOLDER DETAILS

Policy number:  Policyholder's name:

Policyholder's first line of address:

Policyholder's postcode:

### 2. RABBIT DETAILS

Rabbit's name:

Rabbit's breed:

Rabbit's date of birth: 

D	D	M	M	Y	Y	Y	Y
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Male:  Female:

### 3. ABOUT THE RABBIT'S CONDITION

Diagnosis/Provisional Diagnosis:  When do you want to carry out the treatment? 

D	D	M	M	Y	Y	Y	Y
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Please provide details of the condition and the proposed treatment:

### 4. DOCUMENTS NEEDED

Please attach the following documents, if you don't the pre-authorisation could be delayed.

- The clinical history that you hold for the rabbit (including information from any previous vet if you have it).
- A detailed and itemised estimate for the treatment you wish to carry out.
- If applicable, the information/form supplied by the referring vet.

### 5. VET DETAILS

I confirm that all the information provided is correct. The fees for this claim are no more than I would normally charge a client.

Name:  Please sign here:  Date: 

D	D	M	M	Y	Y	Y	Y
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### 6. SUBMITTING THE PRE-AUTHORISATION

The completed Pre-authorisation form and supporting documents should be emailed to [claimform@animalfriends.co.uk](mailto:claimform@animalfriends.co.uk)  
or posted to **Animal Friends House, 1 The Crescent, Sun Rise Way, Amesbury, Wiltshire, SP4 7QA**