

Rabbit Claim Form

Vet Fees: Policyholder to complete

**Pet
Health
Club**

Insurance
brought to
you by...

**animal
Friends**
Pet Insurance

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

1. ABOUT YOU

Policy number:

Policyholder's name:

Contact number:

Email address:

Policyholder's first line of address:

Policyholder's postcode:

2. ABOUT YOUR RABBIT

Rabbit's name:

Rabbit's breed:

Male:

Female:

Rabbit's date
of birth:

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

When did
you get your
rabbit?:

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

3. ABOUT YOUR RABBIT'S CONDITION

Symptoms/Diagnosis of condition 1

When did you first notice your
rabbit was unwell/injured?

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

Symptoms/Diagnosis of condition 2

When did you first notice your
rabbit was unwell/injured?

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

If your rabbit escaped or was in an accident with another person or animal,
please also tell us what happened on a separate sheet.

4. ABOUT ANY VETS YOUR RABBIT HAS VISITED

We will need your rabbit's full veterinary history to review your claim.
The vet who treated your rabbit will provide the notes they have. Please provide
the full history from any other vets your rabbit has visited with this claim.

Current vet practice name/branch and phone number:

Previous vet practice name/branch and phone number:

Please give us the first line of your address and postcode if you lived somewhere else when your
rabbit visited a previous vet:

If your rabbit has seen any other vet practices please provide the clinical notes attached to your claim.

5. ABOUT PAYING YOUR CLAIM

If we agree to pay your claim, who would you like
to be paid?

Please pay **my vet**: Please pay **me**:

If you pay your premiums by **Direct Debit**, we will pay
any claim payments into that bank account. If you
pay your premium **annually**, please provide the bank
account details you would like us to use:

Account holder's name:

Account Number:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Sort Code:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

6. 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 page one and your Vet completes page two.
- You send us an invoice or receipt with the details of the treatment you are claiming for.
- You send us your rabbit's full veterinary history.

The completed form and documents should be
sent to claimform@animalfriends.co.uk
or posted to

**Animal Friends House,
1 The Crescent, Sun Rise Way, Amesbury,
Wiltshire, SP4 7QA**

7. YOUR DECLARATION

**I confirm that the information I have provided
on this completed claim form is correct.**

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

Please sign here:

Date:

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

Rabbit Claim Form

Vet Fees - Treating Vet or Qualified Professional to complete

Pet Health Club

Insurance brought to you by...

animal Friends
Pet Insurance

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

1. ABOUT THE RABBIT'S CONDITION

Symptoms/Diagnosis of Condition 1

| |
|--|
| |
| |
| |
| |

Dates of treatment for this claim:

From:

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

 To:

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

Total cost of treatment for this claim (inc. VAT):

| |
|---|
| £ |
|---|

Symptoms/Diagnosis of Condition 2

| |
|--|
| |
| |
| |
| |

Dates of treatment for this claim:

From:

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

 To:

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

Total cost of treatment for this claim (inc. VAT):

| |
|---|
| £ |
|---|

PLEASE INCLUDE THE CLINICAL HISTORY THAT YOU HAVE FOR THIS RABBIT AND AN ITEMISED INVOICE FOR EACH CLAIM.

2. VET DECLARATION

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:

| |
|--|
| |
|--|

Vet practice Account Number:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
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Vet practice Sort Code:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Please sign here:

| |
|--|
| |
|--|

Date:

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

3. SENDING US THE CLAIM

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