

# Horse Claim Form

## Complementary Treatment Fees

### Policyholder to complete

Send your completed claim to [claimform@animalfriends.co.uk](mailto:claimform@animalfriends.co.uk)

If you have any questions, you can call **0344 557 0300**



Insurance  
brought to  
you by...

**animal  
friends**  
Horse Insurance

#### 1. ABOUT YOU

Policy number:

Policyholder's name:

Contact number:

Email address:

Policyholder's address & postcode:

#### 2. ABOUT YOUR HORSE

Horse's passport name:

Horse's stable name:

Horse's date  
of birth:

D	D	M	M	Y	Y	Y	Y
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Filly: ☐ Colt: ☐ Mare: ☐ Gelding: ☐

Horse's breed:

Horse's height:

Do you own or  
loan your horse?

Own: ☐ Loan: ☐

When did you  
purchase or start  
loaning your horse?

D	D	M	M	Y	Y	Y	Y
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#### 3. ABOUT YOUR HORSE'S CONDITION

☐ New condition ☐ Continuation or ongoing treatment

Symptoms/Diagnosis of condition 1

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

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

Did your vet recommend  
complementary treatment? Yes: ☐ No: ☐

Symptoms/Diagnosis of condition 2

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

D	D	M	M	Y	Y	Y	Y
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Did your vet recommend  
complementary treatment? Yes: ☐ No: ☐

#### 4. ABOUT ANY PROFESSIONALS WHO HAVE TREATED YOUR HORSE

We will need your horse's full veterinary history to review your claim. If your horse is on loan, this includes history from the horse's owner and a copy of your loan agreement.

Current complementary therapist and phone number:

Current vet practice name/branch and phone number:

Previous vet practice name/branch and phone number:

#### 5. ABOUT PAYING YOUR CLAIM

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

Please pay my therapist: ☐ 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 to use:

Account holder's name:

Account Number:

Sort Code:

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Please note we are unable to cover fees in advance of the treatment taking place

#### 6. SENDING US YOUR CLAIM

Please send us your fully completed claim form. We aim to process your claim within two working days following receipt of all required information.

**Please make sure you:**

- Complete page one and your complementary therapist completes page two.
- Send us an invoice or receipt with the details of the treatment you are claiming for.
- Send us your horse's full veterinary history.
- Send us your horse's loan agreement *if applicable*.
- Keep copies of the documents you send for your own records.

The completed form and documents should be sent 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**

#### 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
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# Horse Claim Form

## Complementary Treatment Fees

### Qualified Professional to complete



Insurance  
brought to  
you by...

**animal  
Friends**  
Horse Insurance

Send your completed claim to [claimform@animalfriends.co.uk](mailto:claimform@animalfriends.co.uk)

If you have any questions, you can call **0344 557 0300**

## 1. ABOUT THE HORSE

When was the horse first registered with you?

D	D	M	M	Y	Y	Y	Y
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If the horse was referred to you, or you referred the horse to another practice, please give us the practice name and contact details:

## 2. COMPLEMENTARY THERAPY FEES

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

£

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

## 3. COMPLEMENTARY THERAPIST 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:

Professional membership/organisation:

Phone number:

Email address:

Practice address:

  

If the payment should be made to you, please provide the bank account details we should use:

Account Number:

Sort Code:

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Please sign here:

Date:

D	D	M	M	Y	Y	Y	Y
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## 4. SENDING US THE CLAIM

The completed claim 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.**