

# Horse Claim Form

## If your horse has died

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 passport number:

Horse's microchip number:

Horse's stable name:

Horse's date  
of birth:

D	D	M	M	Y	Y	Y	Y
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Horse's breed:

Horse's height:

Filly: ☐ Colt: ☐ Mare: ☐ Gelding: ☐

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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Is the horse  
routinely wormed?

Yes: ☐ No: ☐

### 3. CLAIM DETAILS

When did your horse pass away?

How did your horse pass away?

D	D	M	M	Y	Y	Y	Y
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If your horse was ill, what date did you first notice they were unwell?

D	D	M	M	Y	Y	Y	Y
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How much did you or the owner pay for your horse?

£

Are you claiming for disposal? Yes: ☐ No: ☐ If yes, how much did you pay?

£

We will need your horse's full veterinary history to review your claim. Any history provided outside of the UK must be translated into English for review. If your horse is on loan, this includes history from the horse's owner and a copy of your loan agreement.

Current vet practice/branch and phone number:

Previous vet practice/branch and phone number:

### 4. SUPPORTING INFORMATION

**Please include copies of these documents with your claim form:**

- A. Purchase receipt, bank statement or dated correspondence from the previous owner
- B. Horse's passport (including the pages with their name, your details, and the identification page)
- C. Receipt if you are claiming for disposal costs
- D. Your horse's full veterinary history
- E. If your horse was on loan, a copy of your loan agreement

### 6. ABOUT PAYING YOUR CLAIM

Any payment will be paid to the Horse's owner.

If you **loaned** your horse, please provide the owners contact details:

Name:

Number:

Email:

If you **owned** your horse and paid via Direct Debit, any payment will be made into the bank account details we hold. If you paid **annually**, please provide the bank account details you would like to use for any claim payment:

Account holder's name:

Account Number:

Sort Code:

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### 7. 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 vet practice completes page two.
- 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**

### 8. YOUR DECLARATION

**I confirm that the information I have provided 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 – If the horse has died

## Treating vet to complete



Insurance  
brought to  
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**animal  
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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 your practice:

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. DEATH OF HORSE CLAIM

Cause of death:

  

When did the owner say  
their horse first became unwell?

D	D	M	M	Y	Y	Y	Y
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When did the horse die?

D	D	M	M	Y	Y	Y	Y
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Was the horse euthanased?

Yes: ☐ No: ☐

If yes, did the euthanasia meet BEVA guidelines?

Yes: ☐ No: ☐

**PLEASE INCLUDE THE FULL VETERINARY HISTORY THAT YOU HAVE FOR THIS HORSE.**

### 3. VET DECLARATION

I confirm that all the information provided is correct.

Name:

Position in practice:

Phone number:

Email address:

Practice address:

  
  
  

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, Sunrise Way, Amesbury, Wiltshire, SP4 7QA.**