

Horse Claim Form

Repeat Medication

Send your completed form to claimform@animalfriends.co.uk

You can also submit your claim through your online account.

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



Insurance
brought to
you by...

**animal
Friends**
Horse Insurance

THIS FORM CAN ONLY BE USED TO CLAIM FOR MEDICATION FOR A CONDITION YOU HAVE PREVIOUSLY CLAIMED FOR.

If this is the first time you have claimed for this condition or you are claiming
for any other vet treatment, you must use a Vet Fees claim form.

1. ABOUT YOU

Policy number:

Policyholder's address & postcode:

Policyholder's name:

Contact number:

Email address:

2. ABOUT YOUR HORSE

Horse's name:

Horse's breed:

Horse's date of birth:

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

3. ABOUT YOUR HORSE'S CONDITION(S)

First condition name:

Name of medication(s):

Have you been issued
a prescription for this medication?

Yes: No:

Total amount claimed (first condition)

 £

Second condition name:

Name of medication(s):

Have you been issued
a prescription for this medication?

Yes: No:

Total amount claimed (second condition)

 £

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 to use:

Account holder's name:

Account Number:

Sort Code:

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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 give us an itemised invoice or receipt with
the details and cost of the medication you are
claiming for.
- You send us a copy of the prescription your
vet gave you.
- You keep copies of the documents you send
for your records.

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
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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4. ABOUT YOUR CURRENT VET

Please give us the details of the vet that gave you the prescription or medication for your horse.

Vet practice/branch and phone number: