

# Horse Claim Form

## Vet 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 address & postcode:

Policyholder's name:

Contact number:

Email address:

#### 2. ABOUT YOUR HORSE

Horse's passport name:

Horse's breed:

Horse's passport number:

Horse's height:

Horse's microchip number:

Filly:  Colt:  Mare:  Gelding:

Horse's stable name:

Do you own or  
loan your horse?

Own:  Loan:

Horse's date  
of birth:

D	D	M	M	Y	Y	Y	Y
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When did you  
purchase or start  
loaning your horse?

Is the horse  
routinely wormed?

Yes:  No:

#### 3. ABOUT YOUR HORSE'S CONDITION

New condition

Continuation or ongoing treatment

Symptoms/Diagnosis of condition 1

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

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

Did your horse pass away as  
a result of this illness or injury? Yes:  No:

If yes, what date  
did they pass away?

D	D	M	M	Y	Y	Y	Y
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#### 4. ABOUT ANY VETS WHO HAVE TREATED YOUR HORSE

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 name/branch and phone number:

Previous vet practice name/branch and phone number:

If you lived somewhere else when your horse visited a previous vet, please tell us the address:

#### 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:

D	D	M	M	Y	Y	Y	Y
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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:**

- You complete page one and your vet practice or qualified specialist 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 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 - Vet Fees

## Treating Vet or Qualified Professional to complete



Insurance brought to you by...



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. VET FEES CLAIMS

Symptoms/Diagnosis of condition 1:

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
---	---	---	---	---	---	---	---

When did the owner say their horse first became unwell/injured?

D	D	M	M	Y	Y	Y	Y
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Have you claimed for this condition for this horse before? Yes:  No:

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

£

Dates of treatment for this claim:

From: 

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

To: 

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

When did the owner say their horse first became unwell/injured?

D	D	M	M	Y	Y	Y	Y
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Have you claimed for this condition for this horse before? Yes:  No:

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. 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:

Practice address:

Position in practice:

Phone number:

Vet practice  Vet practice   
Account Number:  Sort Code:

Email 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, Sun Rise Way, Amesbury, Wiltshire, SP4 7QA**.