

Pet Claim Form

If your pet goes missing or is stolen

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

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

**Pet
Health
Club**

Insurance
brought to
you by...

**animal
Friends**
Pet Insurance

1. ABOUT YOU

Policy number:

Policyholder's name:

Contact number:

Email address:

Policyholder's address & postcode:

2. ABOUT YOUR PET

Pet's name:

Pet's breed:

Pedigree name (if applicable):

When did you
get your pet?:

D	D	M	M	Y	Y	Y	Y
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Pet's date of birth:

D	D	M	M	Y	Y	Y	Y
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Was your pet a rescue?

Yes: ☐ No: ☐

Male: ☐ Female: ☐

Your pet's microchip number:

We need your vet's details so that we can ask them for your pet's full medical history.
If there is any history from a vet outside of the UK please provide this with your claim.
All history must be translated into English for review.

Current vet practice name/branch and phone number:

Previous vet practice name/branch and phone number:

If your pet is not microchipped or the details of the microchip are not up to date
we are unable to pay any claim.

3. CLAIM DETAILS : IF YOUR PET GOES MISSING OR IS STOLEN

When did your pet go missing?

D	D	M	M	Y	Y	Y	Y
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What date did you report your pet missing to your vet?

D	D	M	M	Y	Y	Y	Y
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What date did you report your pet missing to your
microchip company?

D	D	M	M	Y	Y	Y	Y
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Microchip company name:

Microchip company phone number:

Total amount being claimed:

£

4. SUPPORTING INFORMATION

Please include with your claim form:

- A. An explanation of how your pet went missing on a separate sheet, including:
 - Where they went missing from.
 - Who was looking after your pet when they went missing and their relationship to you.
 - How the pet escaped, if applicable.
- B. Receipts for advertising costs.
- C. Proof of reward payment, including who the reward was paid to.
- D. Crime Reference number if applicable.

5. SENDING US YOUR CLAIM

Please send us your fully completed claim form. We aim to process your claim within 2 working days following receipt of all required information.

Please make sure you:

- Complete and sign the claim form.
- Include all supporting information.
- 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, Sunrise Way, Amesbury, Wiltshire, SP4 7QA**

6. YOUR DECLARATION

**I confirm that the information I have provided is correct and that the documents I have provided are exact copies of the originals.
I also confirm that there is no other insurance that would cover this claim.**

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

Print name:

Please sign here:

Date:

D	D	M	M	Y	Y	Y	Y
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Claims will be paid into the account that your **Direct Debit** is collected from. 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:

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