

# Pet Claim Form

## If you can't look after your pet because you're in hospital

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...



### 1. ABOUT YOU

Policy number:

Policyholder's address & postcode:

Policyholder's name:

Contact number:

Email address:

### 2. ABOUT YOUR PET

Pet's name:

Pet's date of birth:

D	D	M	M	Y	Y	Y	Y
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Pet's breed:

### 3. CLAIM DETAILS

Why were you in hospital?

Who looked after your pet?

Which hospital did you stay in?

Contact address:

Was this an emergency stay? Yes:  No:

What dates were you in hospital?

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D	D	M	M	Y	Y	Y	Y
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When was your pet being looked after?

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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*We won't cover stays with unlicensed catteries, kennels, pet minders or dog walkers.*

### 4. SUPPORTING INFORMATION

Please include with your claim form:

- A. A copy of the invoices from the licensed boarding kennel, cattery, pet minder or dog walker.
- B. Proof of your hospital stay, including the reason for your stay and the dates you were there.

### 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](mailto: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 give us your current account details below:

Account holder's name:

Account Number:

Sort Code:

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