

# Pet Claim Form

## If Your Pet Dies Or Is Put To Sleep

Send your completed form to [claimform@animalfriends.co.uk](mailto: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):

Pet's date of birth:

D	D	M	M	Y	Y	Y	Y
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Male: ☐ Female: ☐

When did you  
get your pet?:

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

Yes: ☐ No: ☐

### 3. CLAIM DETAILS

When did your pet pass away?

D	D	M	M	Y	Y	Y	Y
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How did your pet pass away?

If your pet died in an accident please explain how this happened on a separate piece of paper.

If your pet was ill, what date did you first notice they were unwell?

D	D	M	M	Y	Y	Y	Y
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Total cost of cremation/burial (inc. VAT):

£

We need your vet's details so that we can ask them for your pet's full medical history.

Current vet practice/branch and phone number:

Previous vet practice/branch and phone number:

### 4. SUPPORTING INFORMATION

**Please include with your claim form:**

- A. A copy of your receipt for cremation.
- B. *If applicable* your series of events surrounding the accident.

### 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.**

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 paid for 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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