

Pet Claim Form

If you need to cancel or cut short a holiday because your pet needs urgent medical care

Send your completed claim to 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 breed:

Pet's date of birth:

D	D	M	M	Y	Y	Y	Y
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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:

Which vet carried out your pet's emergency treatment?

Vet practice name/branch and phone number:

We will need your pet's full clinical history to review your claim.

Previous vet practice name/branch and phone number:

3. CLAIM DETAILS

What were your original holiday dates?

From:

D	D	M	M	Y	Y	Y	Y
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To:

D	D	M	M	Y	Y	Y	Y
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When did you book your holiday?

D	D	M	M	Y	Y	Y	Y
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When did you cancel or come home early from your holiday?

D	D	M	M	Y	Y	Y	Y
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When did you first notice your pet was unwell?

D	D	M	M	Y	Y	Y	Y
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What was wrong with your pet that meant you had to cancel or cut short your holiday?

Please tell us the name of your travel insurance company:

This policy is for you and your pet, so we won't be able to cover costs for anyone else that might be on holiday with you.

Please list the things you want to claim for: (continue on separate sheet if necessary)

1.	£
2.	£
3.	£
4.	£

4. SUPPORTING INFORMATION

Please include with your claim form:

- A. Your holiday booking confirmation/s and invoice/s.
- B. Proof of when you cancelled your holiday.
- C. If you had travel insurance, please send us the insurance schedule.
- D. Receipts for any additional costs.

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 I have provided details of any other insurance that may 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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