

Pet Pre-authorisation Form

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

Please include 'Pre Authorisation' in the subject line of your email.

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



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VET TO COMPLETE

For proposed treatment of any amount in a 24-hour period. We aim to process pre-authorisations within 1 working hour.

You can also submit your pre-authorisation on our online claims system- Pawtal.

1. ABOUT THE POLICYHOLDER

Policy number:

Policyholder's name:

Contact number:

Policyholder's address & postcode:

2. ABOUT THE PET

Pet's name:

Pet's date of birth:

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

 Male: Female:

Has the pet been neutered?

Yes: No:

Has the pet had yearly vaccinations?

Yes: No:

3. ABOUT THE PET'S CONDITION

Diagnosis/Provisional Diagnosis:

Please provide details of the condition and the proposed treatment:

When was the pet registered at your practice?

D	D	M	M	Y	Y	Y	Y
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When did the pet first show signs of this condition:

D	D	M	M	Y	Y	Y	Y
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When do you want to carry out the treatment?

D	D	M	M	Y	Y	Y	Y
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Has the pet ever visited any other vet?

Yes: No: Don't know:

If yes, please provide the practice(s) name/branch and telephone number:

4. DOCUMENTS NEEDED

Please attach the following documents, if you don't the pre-authorisation could be delayed.

- The clinical history that you hold for the pet (including information from any previous vet if you have it).
- A detailed and itemised estimate for the treatment you wish to carry out.
- If applicable, the information/form supplied by the referring vet.

5. VET DETAILS

I confirm that the information I have given is correct.

Name:

Position in practice:

Contact number:

Practice name and postcode:

Email address:

Please sign here:

Date:

D	D	M	M	Y	Y	Y	Y
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6. SUBMITTING THE PRE-AUTHORISATION

The completed claim form and supporting documents should be emailed to claimform@animalfriends.co.uk or posted to **Animal Friends House, 1 The Crescent, Sun Rise Way, Amesbury, Wiltshire, SP4 7QA**