

# Petplan Equine Claim Form

This form can be used to submit a claim under the following benefits:

- **Veterinary Fees**
- **Death**
- **Permanent Loss of Use**

If you are submitting a new claim: Complete sections 1 - 5 and pass the form to your vet to complete sections 6 - 10.

If you are submitting invoices for a **Veterinary Fees continuation claim**: Complete the shaded boxes only

Our aim is to deal with your claim as quickly and fairly as possible. To help us handle your claim please read the important notes section below:

## IMPORTANT NOTES

- **All sections must be completed unless advised otherwise. Any incomplete forms will be returned to you**
- You are responsible for the costs of obtaining and submitting any information we request
- You are responsible for the payment of any excess that is applicable, and for any other amount which is not covered
- All invoices must be accompanied by a claim form, even when the claim is a continuation
- Any charges for transport/interest and 50% of charges for hospitalisation are not covered by your policy
- Treatment carried out by a person other than a veterinary surgeon is not covered, unless they hold a recognised qualification
- Please refer to your terms and conditions for complete details of your cover
- If faxing a claim please retain all original copies of claim form and receipts. The equine claims fax number is 01483 529191
- Please use one claim form per animal

## SUPPORTING DOCUMENTATION

You will need to enclose the following documents with your claim form

*These need to be the original documents*

### Vet Fees

- Veterinary invoice(s)
- Invoice(s) for any complementary treatment/corrective shoeing endorsed by the vet in section 7 of this form
- Referral report (only applicable for referral claims)

### Permanent Loss of Use

- Written report from the vet
- Proof of ownership
- Loan agreement if relevant

### Death

- Post mortem report  
*Unless we tell you this is not required.*
- Disposal receipt
- Proof of ownership
- Written report from the vet
- Loan agreement if relevant

Please send the completed form to:

**Petplan Equine,  
FREEPOST SEA0883,  
Brentford,  
Middlesex TW8 9DX.**

If you have any questions with regard to completing this form please call:



**0845 074 4408**

## TO BE COMPLETED BY THE POLICYHOLDER

### 1 About you

Your name

Your address   
  
 Postcode

Please tick here if this is new and different to the address on your certificate of insurance.

Daytime phone number

If you are VAT rated please supply your VAT number.

e-mail address

Your policy number  EQ

### 2 About your horse

Stable name  Age

Registered name  Height

Colour  Sex  Stallion / Colt  Mare / Filly

Breed   Gelding

Are you the only owner of the horse?  Yes  No  Tell us who else shares ownership on a separate sheet

Have you (or any other owner) any other insurance for this horse?  No  Yes  Tell us the details on a separate sheet

Was anyone else responsible for your horse when it was injured or became ill?  No  Yes  Tell us the details on a separate sheet

Name and address of your usual veterinary practice

Name	
Address	

Tel No.

### 3 About your claim

Please read your insurance certificate to check the sections of cover on your policy

What are you claiming for?

Vet fees  Yes  Have you claimed for this condition before?  No  Continue to complete claim form

Yes  Claim ref. no.

Permanent loss of use  Yes

Death/Humane destruction  Yes  When was the horse destroyed or when did it die? date       time  am / pm

Disposal costs  Yes

Give details of the injury or illness

Please give precise details of the part of the body affected and attach a separate sheet if you need more space

What activity was the horse being used for at the time?

Where was the horse when the injury occurred or the illness began?

Please provide the exact date and time the illness/injury occurred

time  am / pm date

If there was a delay of more than 24 hours before the vet attended please advise the reasons behind this on a separate sheet of paper

When was the vet first called? time  am / pm date

Are you claiming for the cost of corrective shoeing?  No  Yes  If YES, how much does your shoeing or trimming normally cost? £  per set of 4

Will any part of the claim be for dental treatment?  No  Yes  If YES, please provide a copy of your horse's dental record for the last 2 years

If any dental treatment was needed, was it carried out at the time?  No  Yes

**4 Previous Veterinary History** Please answer the following questions as fully as possible

**A** Has your horse ever had any illness, been injured or shown any signs of being unwell?  No  Yes ► Please give details on a separate sheet

**B** Did you ask the person you bought your horse from about its veterinary history?  No  Yes ► What information did they give you?


**C** Has your horse ever had a 2 or 5 stage veterinary examination?  No  Yes ► If YES, please send us a copy of the report. If we already have been sent a copy at inception of cover, please advise so that we may retrieve our records from archive.

**D** Has your horse been insured previously?  No  Yes

If YES, we need their name, address, your policy number with them and full details of any claims you made.

Company Name
Address

Policy Number

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Full details of any claims you made


**E** Have you owned your horse for longer than it has been insured with us?  No  Yes ► If YES, why did you decide to insure it when you did?


**F** Has any other vet seen your horse whilst it has been in your ownership?  No  Yes ► If YES, please tell us their name, address and your address when with them if it was different to your current address.

Name
Address

Your Address (if different)

**5 Policyholder Declaration** for you to fill in and sign

- I claim for the cost of treatment covered by my policy and agree that you will make any payment to the person or practice indicated below (if only one of the joint policyholders is to be paid, please enter their name in the box below)

Policyholder(s) <input type="checkbox"/>	Payee name	<input type="text"/>
Veterinary practice <input type="checkbox"/>	Veterinary practice name	<input type="text"/>

- I have agreed with my vet that they are going to send me a copy of this form and the invoices claimed for
- I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief

Your signature  
if there are two policyholders shown on certificate of insurance each one must sign


Print name

date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your signature  
if there are two policyholders shown on certificate of insurance each one must sign


Print name

date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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By signing this form I authorise Petplan Equine to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Petplan Equine with all information relating to my horse.

**PLEASE ASK YOUR VET TO COMPLETE SECTIONS 6-10 ON THE REVERSE OF THIS FORM**

## TO BE COMPLETED BY THE ATTENDING VET

### 6 About the injury or illness

Diagnosis of the illness or injury

Or give the clinical signs if you have not yet made a diagnosis.

Please indicate the exact area(s) affected.


Have you sent us a claim for this illness or injury before?

Yes ▼ go to section 7

No

When did this illness or injury first begin?

(as noted by you, by the client or on the horse's record)

If the horse has been seen before for:

- this illness or injury;
- any similar or related illness or injury; or
- any similar or related clinical signs;

please give us the history with dates

date

Details

Is the illness or injury being claimed for related to this history?

Yes

No

Is the illness or injury likely to need further treatment?

Yes

No

### 7 Complementary treatment

Did you recommend any complementary treatment?

If the horse requires remedial farriery please advise how many feet this is for

No

Yes ► If YES please detail treatment recommended

Details

### 8 Treatment and fees

First and last date of treatment being claimed for

(Any invoices outside these dates will be rejected as non-endorsed)

first

last

► Please attach detailed invoices listing dates, treatment and medication for each illness or injury

### 9 About the injury or illness for death claims only

Did the horse die?

or was the horse euthanased?

If the horse was euthanased did the condition meet the guidelines set by BEVA for immediate destruction?

Yes

No

If yes, was a post mortem carried out?

Yes

► If YES, please supply a copy of the report

No

► If NO, please specify why

► A post mortem must be carried out unless we have advised this is not required

Details

### 10 Declaration for the vet or a person authorised by the vet to fill in and sign

- I have checked the information on this claim form and as far as I know it is correct
- The fees I have charged are no higher than my normal fees
- I will provide the client with a copy of this form and the invoices claimed for.

Signature

X

Print name

date

Petplan practice number  
this helps us deal with the claim quicker

Practice stamp - must be completed

e-mail address

**PLEASE RETURN THE COMPLETED FORM TO PETPLAN EQUINE WITH THE APPROPRIATE INVOICES ATTACHED.**

**Petplan**  **Equine**

sharing the care of your horse