

Claim Form for Veterinary Fees, Death or Permanent Loss of Use

Are you completing this form for a:

New Condition

Continue to complete the full form.

Continuation Condition

Complete the shaded boxes only.

We're happy to help!

If you have any questions call us on

0345 074 4408

or contact us through our website:
www.petplanequine.co.uk

IMPORTANT NOTES - Incomplete claims will delay your claim

- If this is a first claim, please attach a full clinical history to your claim, from all vets who have seen your horse
- Please include original invoices, and any documents required (see claims guide in the terms and conditions)
- Please use a separate claim form for each animal and each illness/injury
- Please send completed claim forms to: **Petplan Equine, Great West House (GW2), Great West Road, Brentford, Middlesex, TW8 9DX.**

1. Policyholder to complete

POLICY NUMBER

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2. Policyholder to complete

ABOUT YOU

Policyholder's Address

Policyholder's Name

Email address

(Required for electronic payments)

Mobile no.

Postcode

Daytime telephone no.

Please tick here if this is a new and different address to the address on your Certificate of Insurance

We may contact you about this claim and future claims by letter, text message or email, using the details on this form.

3. Policyholder to complete

ABOUT YOUR HORSE

Breed

Stable Name

Age

Height

Registered Name

Colour

Purchase date

/ /

Stallion / Colt

Gelding

Mare

If you have owned your horse for longer than it has been insured, please advise why you insured it when you did, on a separate piece of paper

Did you ask the previous owner, about its veterinary history?

Yes

No

If YES, please advise what they told you on a separate sheet

Has your horse been previously insured?

Yes

No

If YES, provide the name of the company and policy number on a separate piece of paper.

Your usual vet practice name

Has your horse ever had any illness, been injured or shown signs of being unwell?

Yes

No

If YES, please provide details on a separate piece of paper

Your usual vet practice address

Has your horse ever had a 2 or 5 stage vetting?

Yes

No

If YES, Please provide a copy of the vetting

Tel no

If your usual vet did not attend please advise why on a separate piece of paper

4. Policyholder to complete

ABOUT YOUR CLAIM

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

Please provide the exact date and time the illness/injury was first noticed

What are you claiming for?

Veterinary Fees Have you claimed for this condition before?

NO Continue to complete the claim form

YES Claim ref No: _____

Permanent Loss of Use

Death When was the horse euthanased or when did it die?

Date / / Time am/pm

Disposal Please provide a copy of the disposal invoice

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

Date / / Time am/pm

When was the vet first called?

Date / / Time am/pm

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

What activity was the horse being used for at the time the injury/illness was first noticed?

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

Are you claiming the cost of remedial shoeing? Yes No

If YES, how much does your shoeing or trimming normally cost?

£ _____ for shoeing/trimming of _____ feet

Are you claiming for dental treatment? Yes No

If YES, You must supply a copy of your horses dental record for the last 2 years

5. Policyholder to complete

DECLARATION

By signing this form I authorise Petplan to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Petplan with all the information relating to my horse. I also confirm I have checked the information on this form and that it is correct to the best of my knowledge.

PLEASE COMPLETE ONE OF THE FOLLOWING

A. Pay the vet direct - please tick

I/We have checked with the vet and would like this claim paid directly to them

Practice name _____

or **B. Pay policyholder(s)** - please tick one of the options below

Electronic payment Ensure you have given us your email address in section 2 above and your claim shall be paid into the bank account your premium is collected from.

Cheque I/We wish the claim to be paid to the policyholder(s) named on the Certificate of Insurance

I also agree that Petplan may contact my previous insurance company and obtain information that they require in order to process my claim.

If there are two policy holders shown on the certificate of insurance each one must sign

Your signature **X**

Date / /

Print name _____

Your signature **X**

Date / /

Print name _____

TO BE COMPLETED BY THE ATTENDING VET IF THIS IS THE FIRST CLAIM FOR THIS HORSE, PLEASE SUBMIT A FULL CLINICAL HISTORY

New Condition - Complete ALL sections clearly and in full. Continuation Condition - Complete all shaded sections in full.

Please note, if you are both the policyholder and veterinary staff, then another member of the practice should complete the sections below.

6. Vet to complete

ABOUT ILLNESS OR INJURY

Diagnosis of the illness or injury.

(or please give the clinical signs if you have not yet made a diagnosis).

Please indicate the exact area(s) affected

Has this horse been referred to you by another practice?

Yes

No

If **YES**, please provide the name of the practice and a copy of the referral report

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

Yes

No

If **YES**, please go to section 7

When did this illness or injury first begin? Date / /

(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 the dates

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

Yes

No

7. Vet to complete

COMPLEMENTARY TREATMENT

Did you recommend any complementary treatment?

Yes

No

If **YES**, please detail the treatment recommended

If the horse requires remedial farriery please advise how many feet this is for
Please provide details:

8. Vet to complete

TREATMENT DATES

First and last date of treatment being claimed for

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

Please attach invoices listing the dates, treatment and medication for the illness or injury

First / /

Last / /

9. Vet to complete

FOR DEATH CLAIMS ONLY

Please provide a detailed written report regarding the illness or injury.

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

Was a post mortem carried out?

Yes

If **YES**, please provide a copy of the report on headed paper

No

If **NO**, please provide details why no post mortem was done

10. Vet to complete

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

Name _____

Position in Practice _____

Petplan Practice Number _____

Email address _____

Vet stamp

Signature **X**

Date / /

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INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER AND THIS WILL DELAY YOUR CLAIM