

# Guide to completing a claim form

If the claim is for a new condition, please complete **ALL** sections and fields and provide the horse's **FULL** veterinary history which has not been previously supplied to us. For a continuation claim (where you have already submitted a form for earlier treatment of the same condition), you only need to complete the green shaded boxes.

## Step 2

For new conditions we'll require full veterinary history from every vet practice who has seen your horse for any illness, injury or routine treatment which has not been previously supplied to us.

## Step 3

Remember to enter your policy number. Without this we cannot process your claim.

## Step 4

Have you entered your contact details to prevent delay if we need to get in touch.

## Step 5

Complete your horse's details.

## Step 7

Please tell us which policy benefit you would like to claim for.

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

Please note Claims received that are incomplete or missing information will be returned to you and delay your claim.  
Please send completed claim forms to: [equine-claims@allianz.co.uk](mailto:equine-claims@allianz.co.uk)

Are you completing this form for a:  
New Condition ☒ Continue to complete the full form.  
Continuation Condition ☐ Complete the shaded boxes only.

**SUPPORTING DOCUMENTATION** - you will need to submit the following documents with your claim form

<b>Veterinary Fees</b> <input checked="" type="checkbox"/> Full Veterinary History From every vet practice who has seen your horse for any illness, injury or routine treatment which has not been previously supplied to us. <input checked="" type="checkbox"/> Invoice(s)	<b>Death</b> <input checked="" type="checkbox"/> Full Veterinary History From every vet practice who has seen your horse for any illness, injury or routine treatment which has not been previously supplied to us. <input checked="" type="checkbox"/> Disposal receipt Post Mortem Report (only if we have advised this is required)	<b>Permanent Loss of Use</b> <input checked="" type="checkbox"/> Full Veterinary History From every vet practice who has seen your horse for any illness, injury or routine treatment which has not been previously supplied to us. <input checked="" type="checkbox"/> Veterinary Report Confirming your horse cannot be used for its usual activities, the reasons why, and what they can be used for now.	<b>Continuation (Veterinary Fees)</b> <input checked="" type="checkbox"/> Invoice(s) <input checked="" type="checkbox"/> Veterinary Notes for treatment being claimed
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**1. Policyholder to complete** POLICY NUMBER

**2. Policyholder to complete** ABOUT YOU

Policyholder's Name \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Mobile no. \_\_\_\_\_  
 Preferred telephone no. \_\_\_\_\_

Policyholder's Address \_\_\_\_\_  
 Postcode \_\_\_\_\_

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

Stable Name \_\_\_\_\_  
 Registered Name \_\_\_\_\_  
 Station / Colt ☐ Gelding ☐ Mare ☐

Please confirm the name of your current vet practice.  
 Vet practice name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_  
 Breed \_\_\_\_\_ Colour \_\_\_\_\_

Do you own or loan your horse? ☐ Yes ☐ No

Date you purchased or began loaning your horse? \_\_\_\_\_

Please also list the name of every other vet practice your horse has been seen by for any illness, injury or routine treatment during your ownership. We will require copies of the veterinary history from each of these practices unless previously supplied to us.

**4. Policyholder to complete** ABOUT YOUR CLAIM

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

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 When was the horse put to sleep or when did they die?  
 Date \_\_\_\_\_ Time \_\_\_\_\_ am pm

☒ Death

☒ Disposal Please provide a copy of the disposal invoice

☒ Remedial Farriery If YES please confirm how much you were paying for your routine farriery prior to the start of this condition.  
 £ \_\_\_\_\_ for shoeing/trimming of \_\_\_\_\_ feet

Please give details of the condition you are claiming for including the first symptoms you noticed.  
 Date \_\_\_\_\_ Time \_\_\_\_\_ am pm  
 When was the vet first called? Date \_\_\_\_\_ Time \_\_\_\_\_ am pm  
 What activity was your horse doing when the illness began or the injury occurred? \_\_\_\_\_  
 What are the main activities you have used your horse for in the last 3 months? \_\_\_\_\_

## Step 1

Indicate here whether this is a new condition or a continuation.

## Step 6

So that we have a complete picture of your horse's history, please let us have the names of any other veterinary practice where your horse has been registered.

## Step 9

We need to know the exact date you first noticed the symptoms of the illness or injury prior to calling the vet.

## Step 10

We need to know what activity your horse was being used for when you first noticed the symptoms of the illness or injury, and what activities your horse has been mainly used for in the last 3 months.

## Step 8

We need to know how much you were paying for your routine farriery prior to the start of this condition. For example £100 for shoeing of 4 feet.

## Have you...

- Indicated if this is a new condition or a continuation? ☒
- Completed ALL sections, including all green shaded boxes if your claim is for a new condition? ☒
- Completed ALL green shaded boxes if your claim is a continuation? ☒
- Included a FULL veterinary history for your claim? ☒
- Included your policy number? ☒
- Told us when you first noticed the problem and what the horse was doing at the time. ☒

Every pet deserves



### Step 11

Don't forget to indicate who you would like us to pay.

### Step 12

Pass to your vet to complete sections 6 - 10.

### Step 13

If relevant, please give the details of the practice that referred the case to you.

### Step 14

Please let us know the date you were first contacted for advice or an appointment regarding the condition being claimed.

### Step 16

Attach a detailed invoice from your practice. If you want to make notes please use a pen and not a highlighter as they will not show up on copied documents.

### Step 15

Please submit with the claim the full veterinary history your practice holds for the horse since it has been registered with yourselves.

### Step 17

In the event the horse had to be put to sleep or passed away, please be sure to complete section 9 in full and provide clinical notes or a report confirming the reasons for euthanasia.

### Step 18

Complete all details in full.

### Final check; have you...

- Completed **ALL** sections and fields, including the green shaded boxes if the claim is for a new condition? ☒
- Completed **ALL** green shaded boxes if the claim is a continuation? ☒
- Enclosed original invoices to support the claim, plus a **FULL** veterinary history? ☒
- Chosen a payment option? ☒
- Signed section 5 of the form? ☒
- Completed section 10 with signature, date and practice details? ☒
- Please note, if you are both the policyholder and the veterinary staff then another member of the practice should complete sections 6 - 10. ☒

5. Policyholder to complete

**DECLARATION AND PAYEE DETAILS**

**WHO WOULD YOU LIKE US TO PAY** Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet.

**PLEASE COMPLETE ONE OF THE FOLLOWING AND COMPLETE POLICYHOLDER NAME AND DATE THIS SECTION**

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

☐ Pay policyholder(s)  
Direct Debit customers  
Claims payments will be paid into the bank account from which your premium is collected. Please ensure you have given us your email address in Section 2 to avoid delay in settlement.

Practice name \_\_\_\_\_

Policyholder name \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED BY THE ATTENDING VET**  
IF THIS IS THE FIRST CLAIM FOR THIS HORSE, PLEASE SUBMIT A FULL VETERINARY 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.**  
If claiming for more than one illness or injury please provide the details of each condition being claimed.  
(Please give the symptoms if you have not yet made a diagnosis.)

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

Please provide the date(s) the customer first contacted you regarding the condition(s) being claimed.  
Date \_\_\_\_\_ Date \_\_\_\_\_

Please provide the date the horse was first registered with your practice.  
Date \_\_\_\_\_

Please ensure the full veterinary history from this date is submitted with the claim.

7. Vet to complete

**COMPLEMENTARY TREATMENT**

Did you recommend any complementary treatment?  
Yes ☐ No ☐ If YES, please detail the treatment recommended

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)

First \_\_\_\_\_ Last \_\_\_\_\_

Please attach invoices including the dates, treatment and medication for the illness or injury.  
If you are claiming for more than one condition please provide a clear break of the invoice between each condition.

9. Vet to complete

**FOR DEATH CLAIMS ONLY**

Did the horse die? ☐ Or was the horse euthanased? ☐

Please provide the exact date of death or euthanasia.  
Date \_\_\_\_\_

If the horse was euthanased did the condition meet the guidelines set by BEVA for immediate destruction?  
Yes ☐ No ☐ Please provide clinical notes, or a written report, confirming the reasons for euthanasia.

Was a post mortem carried out?  
Yes ☐ No ☐ If YES, please provide a copy of the report on headed paper

**DECLARATION**  
I/We declare that the information on this claim form and as far as I know it is correct. I have charged no more than my normal fees for the service and I have provided the client with a copy of this form and the invoices claimed for.

Name \_\_\_\_\_  
Position in practice \_\_\_\_\_  
Petplan practice number \_\_\_\_\_  
Email address \_\_\_\_\_  
Date \_\_\_\_\_

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

A company of