



# Claim Form for Boarding Fees (Hospitalisation)

For official use only

**PLEASE MAKE SURE THIS CLAIM FORM IS COMPLETED CLEARLY AND IN FULL TO ENSURE THE CORRECT ASSESSMENT OF YOUR CLAIM. PLEASE COMPLETE A SEPARATE FORM FOR EACH PET**

**We're happy to help!**  
If you have any questions call us on  
**0845 072 7802**

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS.

**1. Policyholder to complete** POLICY NUMBER

**2. Policyholder to complete** ABOUT YOU

Policyholder's name \_\_\_\_\_  
Daytime telephone no \_\_\_\_\_  
Email address \_\_\_\_\_

Policyholder's address \_\_\_\_\_  
Postcode \_\_\_\_\_

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

**3. Policyholder to complete** ABOUT YOUR PET

Pet's name \_\_\_\_\_  
Pedigree name \_\_\_\_\_  
Is your pet a Dog  Cat   
Breed \_\_\_\_\_

Pet's date of birth / / Male  Female   
Is your pet insured with any other company? Yes  No   
If Yes, please state which company \_\_\_\_\_

**4. Policyholder to complete** PAYEE DETAILS

Cheques will be automatically made payable to the policyholder named on your Certificate of Insurance.

I confirm that I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief

Please sign here X

**5. Policyholder's general practitioner/hospital physician/surgeon to complete** If this is not filled in your claim will be delayed

Patient's name Mr/Mrs/Ms \_\_\_\_\_  
G.P. practice name and address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Telephone no (incl. STD) \_\_\_\_\_  
Name and address of admitting hospital \_\_\_\_\_  
Postcode \_\_\_\_\_

Date of the first visit to any doctor for this condition / /  
Date of hospitalisation from / / to / /  
Medical condition requiring hospital treatment \_\_\_\_\_

I confirm that to the best of my knowledge the statements are true in every respect.  
Signature(s) of G.P./hospital physician/surgeon (please delete as applicable) X  
Date / /

**6. Boarding kennel proprietor/home carer to complete** Please attach receipts from kennels/home carer

Pet looked after by; Kennels  Receipt attached   
Home carer  Written confirmation of payment from home carer attached

Owner's name Mr/Mrs/Ms \_\_\_\_\_  
Name of kennel/home carer \_\_\_\_\_  
Postcode \_\_\_\_\_  
Telephone no (incl. STD) \_\_\_\_\_

Date of boarding/home care from / / to / /  
Boarding fees per day £ -  
Total fees £ -

I confirm that to the best of my knowledge the statements are true in every respect.  
Signature(s) of boarding kennel proprietor/home carer (please delete as applicable) X  
Date / /

**IMPORTANT NOTES**

- The insurance is underwritten and administered by Allianz Insurance plc.
- If the claim form is being faxed, please retain all original copies of the claim form and receipts.
- Please use a separate claim form for each pet.
- Please send completed forms, including copies of all receipts to: **yesinsurance.co.uk** pet insurance Customer Centre, Great West House (GW2), Great West Road, Brentford TW8 9DX.

Allianz Insurance plc underwrites the policy. Allianz Insurance plc is authorised and regulated by the Financial Services Authority (FSA). Allianz Insurance plc's FSA Register number is 121849. This can be checked by visiting the FSA website at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by contacting the FSA on 0845 606 1234.

**INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER**