



# Claim Form for Veterinary Fees

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**

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

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

1. Policyholder to complete

POLICY NUMBER

\_\_\_\_\_

2. Policyholder to complete

ABOUT YOU

Policyholder's address

Policyholder's name

Daytime telephone no

Email 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 date of birth / /

Male  Female

Is your pet insured with any other company? Yes  No

If Yes, please state which company

Pet's name

Pedigree name

Is your pet a Dog  Cat

Breed

4. Policyholder to complete

DETAILS OF YOUR PET'S CONDITION

Did the illness or injury result in the death of your pet? Yes  No

Date of death / /

Please tell us the name and address of veterinary surgeries where your pet has been registered before (If there is more than one, please use a separate piece of paper)

Name

Address

Postcode

Telephone no

Date: from / / to / /

What condition(s) are you claiming for?

Condition 1

Condition 2

**For each condition, please tell us the date you noticed any signs that your pet was unwell before booking an appointment with your veterinary practice  
Your claim may be delayed if we do not have this information**

Date / / for Condition 1

Date / / for Condition 2

5. Policyholder to complete

PAYEE DETAILS

Cheques will be automatically made payable to the policyholder(s) named on your Certificate of Insurance

**PLEASE COMPLETE ONE OF THE FOLLOWING**

Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet

**A. Pay Vet** - please tick

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

Please write the name of the veterinary practice here

Please sign here

Are you happy for us to provide the veterinary practice identified on this form with information about your policy in respect of this claim? Yes  No

**B. Pay Policyholder(s)** - please tick

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

Please sign here

**C. Pay one Policyholder (Joint policy only)** - please tick

We wish one policyholder to be paid only

Policy holder to be paid

**Both policyholders must sign**

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

## 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**

# ASK YOUR VET TO COMPLETE THESE THREE SECTIONS

## 6. Vet to complete GENERAL INFORMATION

When was this pet first registered at your practice?      /      /

If this pet has been referred please give the name, address and telephone number of the practice which referred it

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone no \_\_\_\_\_

In connection with treatment claimed did you:

Make a **house visit**?      Yes       No

Or provide **out of hours treatment**?      Yes       No

**If Yes**, why was the house visit/out of hours treatment necessary?

\_\_\_\_\_

\_\_\_\_\_

Is any part of this claim for a condition the pet can be vaccinated against?      Yes       No

**If Yes**, were the pet's **vaccinations** up to date at time of treatment?

Yes       Please give date of last vaccination      /      /      No       Don't know

Is any part of this claim for **dental treatment**?      Yes       No

**If Yes**, please enclose a full clinical history over the last 2 years. If this is not attached this will delay the client's claim

Is any part of this claim for treatment of a **urinary problem**?      Yes       No

**If Yes**, is the cost of diet food included in this claim?      Yes       No

**If Yes**, please provide the name of the diet food being used and total cost being claimed

Name \_\_\_\_\_ Amount £      -

Were crystals present?      Yes       No

**If Yes**, are the crystals      Oxalate       Struvite       Other

If other, please specify \_\_\_\_\_

Please give dates and results of last two urine tests

Date      /      /      Result \_\_\_\_\_

Date      /      /      Result \_\_\_\_\_

## 7. Vet to complete ABOUT THE ILLNESS OR INJURY

### Condition 1

Name of the illness or injury (if no diagnosis has been made please give clinical signs)

\_\_\_\_\_

Is this claim a continuation?      Yes       No

When did this illness or injury begin (as noted on your records)?      /      /

Treatment dates:      from      /      /      to      /      /

Did **death or euthanasia** result from this illness or injury?      Yes       No

Date of death      /      /

If the pet was put to sleep, did you recommend this?      Yes       No

To your knowledge has this pet been seen before for:

This illness or injury      Yes       No

Any similar or related illness or injury      Yes       No

Any similar or related clinical signs      Yes       No

**If Yes**, please provide the history with dates?

\_\_\_\_\_

\_\_\_\_\_      Date      /      /

\_\_\_\_\_      Date      /      /

**Total amount claimed (inc VAT)**      £      -

**PLEASE ENCLOSE FULL INVOICES TO SUPPORT THIS CLAIM**

## 7. Vet to complete ABOUT THE ILLNESS OR INJURY

### Condition 2 (If relevant)

Name of the illness or injury (if no diagnosis has been made please give clinical signs)

\_\_\_\_\_

Is this claim a continuation?      Yes       No

When did this illness or injury begin (as noted on your records)?      /      /

Treatment dates:      from      /      /      to      /      /

Did **death or euthanasia** result from this illness or injury?      Yes       No

Date of death      /      /

If the pet was put to sleep, did you recommend this?      Yes       No

To your knowledge has this pet been seen before for:

This illness or injury      Yes       No

Any similar or related illness or injury      Yes       No

Any similar or related clinical signs      Yes       No

**If Yes**, please provide the history with dates?

\_\_\_\_\_

\_\_\_\_\_      Date      /      /

\_\_\_\_\_      Date      /      /

**Total amount claimed (inc VAT)**      £      -

**PLEASE ENCLOSE FULL INVOICES TO SUPPORT THIS CLAIM**

## 8. Vet to complete DECLARATION BY THE VETERINARY PRACTICE

This practice is authorised to have claims paid direct      Yes       No

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


Name \_\_\_\_\_

Position in practice \_\_\_\_\_

Practice no \_\_\_\_\_

Email address \_\_\_\_\_

Vet stamp

Signature       Date      /      /