

CLAIM FORM FOR VETERINARY FEES

IMPORTANT NOTES

- Pet Plan Ltd administers the policy on behalf of Allianz Insurance plc which underwrites the policy.
- If the claim is being faxed, please retain all the original copies of the claim form and receipts.
- Please use a separate claim form for each pet.
- Please send completed claim forms including copies of all receipts to:
Pet Plan Ltd, FREEPOST SEA0883, Brentford, TW8 9YY.

CLAIM FORMS RECEIVED WHICH ARE INCOMPLETE WILL BE RETURNED TO THE POLICYHOLDER.

For Petplan use only



Contacting Petplan



Certificate Number

1. About you (To be completed by the policyholder)

Policyholder's name

Policyholder's address and postcode

Daytime phone number

Evening phone number

☐

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

2. About your pet (To be completed by the policyholder)

Your pet's name

Pedigree name

☐ Dog ☐ Cat ☐ Rabbit ☐ Male ☐ Female

Did the illness or injury result in the death of your pet?

☐ Yes ☐ No

Breed

Date of Birth

 / /

Name of each illness or injury you are claiming for, and the date when you first noticed any signs

1	<input type="text"/>	date	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Veterinary surgeries where your pet has been registered before
If there is more than one, please use a separate piece of paper

Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Telephone No.	<input type="text"/>
Date: From	<input type="text"/> / <input type="text"/> / <input type="text"/>
To	<input type="text"/> / <input type="text"/> / <input type="text"/>

How we work out your payment

- ▶ **What we will pay**
We will pay the cost of any treatment received during the period of cover up to the maximum benefit.
 - ▶ **We will deduct**
the part of the claim you have to pay for each illness or injury (the excess).
 - ▶ **We will also deduct**
the cost of treatment which your policy does not cover. Please see the 'What we will not pay' section of your Pet insurance policy terms and conditions.
 - ▶ **We will also take off**
the cost of treatment for:
 - any illness or injury which first happened or showed signs before your pet's cover started; and
 - any illness or injury shown as excluded on your certificate of insurance.
- If we decide that we cannot pay some or all of your claim, you will have to pay your vet for any treatment we have not paid.

3. Payee details

Cheques will automatically be made payable to the Policyholder(s). Please tick 'Other' if you require only one Policyholder to be paid or 'Vet' if you require the vet to be paid directly.

☐ Vet ☐ Other

Please enter the Payee name and sign below to authorise payment.

Signature

Pet Plan Ltd is a subsidiary of Allianz Insurance plc who 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 or by contacting the FSA on 0845 606 1234.

Allianz Insurance plc underwrites the policy and Pet Plan Ltd administers the policy.

4. About the illness or injury (To be completed by your vet)

	Illness or injury 1	Illness or injury 2
Name of the illness or injury <small>if no diagnosis has been made please give clinical signs</small>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Is this claim a continuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did this illness or injury begin (as noted on your records)?	<div style="border: 1px solid black; padding: 2px;">date / /</div>	<div style="border: 1px solid black; padding: 2px;">date / /</div>
Treatment dates	<div style="border: 1px solid black; padding: 2px;">date / /</div>	<div style="border: 1px solid black; padding: 2px;">date / /</div>
Did death or euthanasia result from this illness or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the pet was put down, did you recommend this?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was this pet first registered at your practice?	<div style="border: 1px solid black; padding: 2px;">date / /</div>	
If this pet has been referred please give the name and telephone number of the practice which referred it	<div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">Address</div> <div style="border: 1px solid black; padding: 2px;">Telephone No.</div>	
To your knowledge has this pet been seen before for:	<div><div>• This illness or injury</div><div>• Any similar or related illness or injury: or</div><div>• Any similar or related clinical signs</div><div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div>	
	<div style="border: 1px solid black; padding: 2px;">If Yes, please provide the history with dates?</div> <div style="text-align: right;">date / /</div> <div style="text-align: right;">date / /</div>	
Is any part of this claim for dental treatment ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you have answered Yes , please enclose a full dental history over the last 2 years
Is any part of this claim for treatment of a urinary problem ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: Is the cost of diet food included in this claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , please provide the name of the diet food being used and total cost being claimed
		<div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">Amount £ .</div>
Were crystals present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , are the Crystals <input type="checkbox"/> Oxylate <input type="checkbox"/> Struvite <input type="checkbox"/> Other
		<div style="border: 1px solid black; padding: 2px;">If other, please specify</div>
Please give dates of last two urine tests	<div style="border: 1px solid black; padding: 2px;">date / /</div>	<div style="border: 1px solid black; padding: 2px;">date / /</div>
In connection with treatment claimed did you:	Make a house visit ? <input type="checkbox"/> Yes <input type="checkbox"/> No or provide out of hours treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<div style="border: 1px solid black; padding: 2px;">If Yes, why was this house visit/out of hours treatment necessary?</div>	

Total amount claimed (inc VAT)	Illness or injury 1	Illness or injury 2
	<div style="border: 1px solid black; padding: 2px;">£ .</div>	<div style="border: 1px solid black; padding: 2px;">£ .</div>
	<small>Please enclose full invoices to support this claim</small>	<small>Please enclose full invoices to support this claim</small>

5. Declaration by the Veterinary practice (To be completed by your vet)

I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief.	<div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">Signature</div> <div style="border: 1px solid black; padding: 2px;">date / /</div> <div style="border: 1px solid black; padding: 2px;">Petplan Practice No.</div>
	<div style="border: 1px solid black; padding: 2px; height: 100px;">Vet stamp</div>

6. Declaration by the Policyholder (To be completed by the policyholder)

Are you happy for Pet Plan Ltd to provide the vet detailed on this form with information about your policy in respect to this claim?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<div style="border: 1px solid black; padding: 2px;">date / /</div>
	<div style="border: 1px solid black; padding: 2px;">date / /</div>
Your signature <small>if there are two policyholders shown on the Certificate of Insurance each one must sign</small>	
<div style="border: 1px solid black; padding: 2px;">Signature</div>	<div style="border: 1px solid black; padding: 2px;">Signature</div>

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