

Policy Number
.....

ABOUT THE POLICY HOLDER - Vet to complete

Policyholder's name:	Daytime contact
.....
Policyholder's address:	Evening contact/mobile
.....
Postcode:	Email address
.....

ABOUT THE PET - Vet to complete

Pet's name:	Please tick boxes as appropriate	
.....		
Pet's date of birth: ___/___/___		Is the pet Male <input type="checkbox"/> Female <input type="checkbox"/>
Pet's breed:		Is the pet a Cat <input type="checkbox"/> Dog <input type="checkbox"/>
Pet's colour:		Has the pet been Neutered <input type="checkbox"/> Entire <input type="checkbox"/>
.....		Has the pet been routinely wormed? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Has the pet been routinely vaccinated? Yes <input type="checkbox"/> No <input type="checkbox"/>	

DETAILS OF THE PET'S CONDITION - Vet to complete

Please detail below the illness/injury you are seeking authorisation for. Please provide as much information as possible to include details of any treatment already carried out. (please attach any additional information to this completed claim form)

If the pet has been referred to you when did you first see the pet. ___/___/___

Is the pet registered at your practice? Yes No If so, when was the pet registered with you ___/___/___

First signs of illness/injury ___/___/___ Date you wish to carry out the treatment ___/___/___

Name of referring veterinary practice

Please attach a detailed estimate of the treatment to be provided on an additional piece of paper.

DECLARATION - Vet to complete

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:	Practice Name and Address (or stamp)
Position in practice:	
Contact number:	
Email address:	

x Sign: Date ___/___/___

Please fax completed form to 0344 557 1244

IMPORTANT NOTES:

* The issue of this claim form does not constitute an admission of claim liability by Animal Friends Insurance Services Ltd. FCA number 307858
** Please submit your fully completed form with a full clinical history from all of the vets that your horse has been registered with. Failure to do so may result in your claim being delayed.
*** Please note, any claims that are likely to exceed £1000 must be referred by telephone to our claims department first as set out in your Policy Wording to pre-authorise.

Important Information

Animal Friends Insurance is a Pet and Equine Insurance Specialist Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Animal Friend's FCA Registration Number is 307858. This can be checked by visiting the FCA website at <http://www.fca.org.uk/> or by contacting the FCA on 0800 111 6768. Do you require any help with this form? Call us on 0344 557 0300 and we'll be happy to guide you through it.

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