

Claim Form - Vet Fees

Need help completing
this form?

Call our UK based Claims Helpline on

03330 30 83 97

To be completed by the policyholder and veterinary surgeon

All sections must be fully completed and supporting documents supplied or we may not be able to proceed with your claim

1. Policyholder's details

About you

Policy number

Policy start date _____

Daytime phone number _____

Email address _____

Mobile phone number _____

Please check the details in Section 1 and amend if incorrect.

2. Policyholder to complete

About your dog and your claim

Dog's name _____

Dog's date of birth _____

Sex _____

Breed _____

Colour _____

Purchase date _____

Is your dog covered by any other insurance policy? Yes No

If Yes, please state the company name and policy number

Date of dog's last vaccination _____

Date and time illness / injury was first noticed _____

Please provide a brief description of illness / injury / condition

Have you previously visited a different veterinary practice with this dog?
If Yes, please provide the practice name and address

Practice name _____

Address _____

_____ Post code _____

If applicable, please confirm the name and address that your dog was registered
under at this practice

Name _____

Address _____

_____ Post code _____

If you are claiming under the Four Weeks Free Policy, please provide the name, address and telephone number of the breeder of your dog, and ask your veterinary surgeon to attach a full clinical history from the date when they have known your dog.

Breeder's name _____

Breeder's telephone number _____

Breeder's address _____

_____ Post code _____

3. Policyholder to complete

Payment details and declaration

If we collect your insurance premium by direct debit, claim payments will be made directly into your nominated bank account. For payment into an **alternative** bank account, or if your premium is not collected by direct debit and you require direct payment into a bank account, please provide the details here.

Please pay directly into my bank account Yes

Account holder's name _____

Account number _____ Sort code ____/____/____

Please pay my vet directly Yes

Practice account name _____

Account number _____ Sort code ____/____/____

Please ensure that one of the options below is ticked, failure to do so may result in your claim being returned.

I declare that all details provided represent a true and accurate statement of my claim and that I have not omitted any details.

I understand that in the event that this claim is found to be fraudulent in whole or in part, this will invalidate the policy and may render me liable to prosecution.

Please sign here _____

Print your name _____ Date _____

4. IMPORTANT

- Please check your Policy Booklet for full details of what is and isn't covered, and refer to the Policy Schedule for details of any endorsements specific to your dog.
- Please return this form after your veterinary surgeon has completed and signed the reverse, to **Kennel Club Pet Insurance, PO Box 506, Manchester M28 8EN**

Please enclose:

- An itemised receipt or invoice
- A clinical history (for claims over £500)
- A purchase receipt (for claims for death benefit)



THE KENNEL CLUB
PET INSURANCE

Vet please note**AN ITEMISED RECEIPT OR ACCOUNT MUST BE ENCLOSED
For claims over £500 please include a clinical history****5. Vet to complete****Details of claim****5a.**

How long has this dog been registered at the practice? _____

If this dog is less than 2 years of age please confirm the dates of the primary vaccination course. _____ / _____ / _____ / _____ / _____

If this is a referral case please provide the name, address and telephone number of the referring practice and attach a copy of your report on the case.

Date from	Date to	Diagnosis	Clinical symptoms	Costs (£) (inc. VAT)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

When did the policyholder first notice any signs or symptoms of the dog's illness / injury? Date _____ / _____ / _____

5b.Has the dog received treatment for any of the above, or any related illnesses or injuries or clinical signs previously? Yes No

(If Yes, please provide details and use a separate sheet if necessary quoting the policy number in the top right hand corner)

Is this a continuation claim? Yes No**5c.**Are any of the fees in respect of pre-operative blood tests? Yes No Are any of the fees in respect of house visits / ambulance fees? Yes NoIf Yes, were these essential in the interests of the dog's health? Yes No If yes, please advise whether the dog's health would have been seriously endangered if moved? Yes No**5d.**Are any of the fees for a prescription diet? Yes No Name of diet _____**5e.**Does the claim include fees for any of the following treatments or therapies: herbal or homeopathic medicine, physiotherapy, osteopathy, chiropractic, hydrotherapy, acupuncture or behavioural? Yes No**If yes, please answer the following questions.**

What type of treatment or therapy has been provided? _____

Please confirm that this treatment or therapy was recommended by the treating veterinary surgeon Yes No

Please provide full details of the person or hydrotherapy pool where the dog was referred _____

Please provide the dates of treatment _____

Number of hydrotherapy sessions provided _____

Total cost of treatment / therapy £ _____

6. Vet to complete**Death**Has the dog died as a result of the illness / injury mentioned above? Yes No Was a charge made for cremation / burial? Yes No

If yes, please provide the date _____ / _____ / _____ If yes, how much? £ _____

7. Vet to complete**Declaration****Declaration by Veterinary Surgeon**

I certify that, to the best of my knowledge all the information contained on this form is correct. I confirm that the fees charged are my normal practice fees relating to this matter. Where a client discount has been applied to the fees this has been deducted from the amount claimed on this claim form.

Veterinary Practice Stamp:

Veterinary Surgeon's signature _____ Print name _____ Date _____

PLEASE RETURN WITH THE APPROPRIATE SUPPORTING DOCUMENTATION TO:Kennel Club Pet Insurance,
PO Box 506, Manchester M28 8EN
Telephone 01296 611604 • Facsimile 01296 422650 • Website: www.kcinsurance.co.uk
Claims Helpline 03330 30 83 97**THE KENNEL CLUB
PET INSURANCE**