

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. Your claim must be submitted within 6 months of the treatment taking place 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

Telephone number

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

2. Policyholder to complete - About your pet and your claim

Pet's name

Pet's date of birth

Sex

Breed

Colour

Purchase date

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

If Yes, please state the company name and policy number

Date of pet's last vaccination

Date and time condition was first noticed

Please provide a brief description of condition

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

Practice name

Address

Postcode

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

Name

Address

Postcode

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

Breeder's name

Breeder's telephone number

Breeder's address

Postcode

3. Policyholder to complete - Payment details and declaration

Please be aware that we do not settle claims by cheque.

Claim payments will be made directly into the bank account from which we collect your premiums. If your premium is NOT collected by direct debit, please provide your account details here (the account must be in your name or a joint account).

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 you read and confirm the statements below. 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 name here 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 pet.
- Please note that your veterinary surgeon may choose to submit this claim electronically otherwise 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)

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 pet been registered at the practice?

If this pet 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 pet's condition? Date / /

5b.Has the pet 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 NoIf Yes, were these essential in the interests of the pet's health? Yes NoAre any of the fees in respect of house visits / ambulance fees? Yes NoIf Yes, please advise whether the pet'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 provide the dates of treatment

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

Number of hydrotherapy sessions provided

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

Total cost of treatment / therapy £

6. Vet to complete - DeathHas the pet died as a result of the illness / injury mentioned above? Yes No

If Yes, please provide the date / /

Was a charge made for cremation / burial? Yes No

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 Surgeon's signature

Print name

Date / /

Veterinary Practice Stamp:

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**