

Returning this form

It is important to make sure you have provided:

✓ A fully completed claim form ✓ Full clinical history ✓ Invoice ✓ Signatures ✓ Practice stamp

FAILURE TO DO SO MAY RESULT IN YOUR CLAIM BEING DELAYED

Email your completed form to:

claims@everypaw.com

Or return to:

Pinnacle House, A1 Barnet Way,
Borehamwood, Hertfordshire WD6 2XX

1 Policyholder Details

To be completed by the policyholder

Policy number

Name Occupation

Address

Email address

Mobile number

In order to give you the best possible service, we will use your mobile number and/or e-mail address to send you updates on the progress of your claim. Please be assured neither will be used for any sales or marketing purposes, or passed to any other party without your specific consent. Should you NOT wish to be sent updates through either of these methods, please inform us.

2 Pet Details

To be completed by the policyholder

Pet name

Type of pet ☐ Dog ☐ Cat ☐ Rabbit Sex ☐ Male ☐ Female

Breed of pet

Pet date of birth

When did you acquire your pet?

Was your pet rescued? ☐ Yes ☐ No

If yes, please can you provide the rescue centre details

Was your pet known by any other name?

Is your pet microchipped? ☐ Yes ☐ No

Microchip number

What is the diagnosed condition (if known)?

When were you first aware of symptoms?

3 Current Vet Details

Current vet name

Postcode

Vet tel number

Dates registered at your current vet

From

To

4 Previous Vet Details

To be completed by the policyholder

Previous vet name

Postcode

Vet tel number

Please give your address & postcode at that time

Postcode

Please give your address & postcode at that time

Postcode

If you have any further previous vets, please provide details on a separate sheet and attach securely to this claim form.

5 Payment Details & Declaration

To be completed by the policyholder

- I declare that my Veterinary Surgeon recommended the treatment for which the benefit is claimed and that the statements I have made are true. I agree that if they are found to be untrue, I will lose all my rights under the policy.
- I also authorise you to discuss my claim with the practice, referral vet or any specialist who provided treatment or services for my pet.
- I agree that my Veterinary Surgeon may provide any information the Company may require regarding past medical history, and the nature of the condition and its treatment and that you make payment as indicated below.
- I understand that my personal information will be held on a computer for the purposes of administering this insurance, including carrying out customer surveys, claims handling and fraud prevention.

I declare to the best of my knowledge and belief, the information I provide is true and complete. I agree that everypaw Pet Healthcare may liaise with any vet or other interested party in relation to my claim.

Signed Print name Date

A) Please pay me ☐

We will pay your claim into the bank account from which your premiums are collected. This is unless you ask us to use an alternative account belonging to you:

Account Number Sort Code

Account Name

B) Please pay my Vet directly ☐

YOUR VET MUST PROVIDE THEIR FULL BANK ACCOUNT DETAILS
please see section 7

IMPORTANT Please ensure you enclose an itemised invoice to support this claim and tick if the invoice includes:

☐ Administration Fees

☐ Vaccination Fees

☐ Diet Food

☐ Dental Scale & Polish

☐ Flea/Worm Treatment

☐ Pre-Operative Bloods

☐ Cremation Fees

☐ Buster Collar

☐ Postage & Packaging

☐ Blood Bank Donation

Dental		
Is the claim for a dental or related condition?	<input type="radio"/> Yes <input type="radio"/> No	Cost of dental treatment £ <input type="text"/>
If YES, is this dental treatment a result of an accident?	<input type="radio"/> Yes <input type="radio"/> No	

7 Declaration by Veterinary Practice To be completed by veterinary practice/qualified professional

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