

Veterinary Fees claim form

Got a question? Call us on 03445 431 050 or email claims@everypaw.com

Returning this form

It is important to make sure you have provided:

 \checkmark A fully completed claim form \checkmark Full clinical history \checkmark Invoice \checkmark Signatures \checkmark 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		Was your pet known by any other name?			
Type of pet	Ope Cat Rabbit Sex Male Female				
Breed of pet		Is your pet microchipped? Yes No			
Pet date of birth		Microchip number What is the dispressed and dition (if languary)?			
When did you acc	quire your pet?	What is the diagnosed condition (if known)?			
Was your pet resc	yes N				
, ,	you provide the rescue centre details				
		When were you first aware of symptoms?			
3 Current Vet Details 4 Previous Vet Detail		ails To be completed by the policyholder			
Current vet name	Previous vet name	Previous vet name			
Postcode	Postcode	Postcode			
Vet tel number	Vet tel number	Vet tel number			
Dates registered a	at your current vet Please give your address & p	ostcode at that time Please give your address & postcode at that time			
	From				
	То	Postcode Postcode			
	If you have any further previo	s vets, please provide details on a separate sheet and attach securely to this claim form.			
5 Payment D	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 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 also authorise you to discuss my claim with the practice, referral vet or any specialist who provided treatment or services for my pet. 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: B) Please pay my Vet directly					
Account Number Account Name	Sort Code — — —	YOUR VET MUST PROVIDE THEIR FULL BANK ACCOUNT DETAILS please see section 7			

6 About the conditio	n, illness, injury	To be completed	by veterinary practice/qualified professional		
Date pet first registered with	h practice	When did the illness or injury begin?	D D / M M / Y Y		
Is this a continuation of a previous claim?					
Diagnosis of condition (If no	diagnosis has been made, please give clinical signs)	Treatment dates	From To		
Date symptoms first noted	by owner DD/MM/YY	To your knowledge has this pet previously been seen (a) this illness or injury? (b) any similar or related illness or injury? (c) any similar or related clinical signs?	for:		
IMPORTANT Pleas	e ensure Administration Fees	Vaccination Fees Diet Food	O Dental Scale & Polish		
you enclose an iter invoice to support and tick if the invoi	mised Chis claim Flea/Worm Treatment	Pre-Operative Bloods Cremation Fees	Buster Collar		
	Postage & Packaging	Blood Bank Donation			
ambulance fees? Can you confirm, in your op	charges for house calls, out of hours treatment or	Yes No Cost of out of hours Yes No	£		
	ease confirm why it was necessary	Cost of house calls	£		
Dental Is the claim for a dental or r If YES, is this dental treatme		Yes No Cost of dental treatment Yes No	£		
Claim for Death Please select cause or suspe If the pet was put to sleep, of the pet was put to sleep, of the pet was provide approximate.	did you recommend this?	Yes No Cost of euthanasia Cost of cremation	£		
	Date of death DD/M	Total amount of claim including VAT	£		
7 Declaration by Veterinary Practice To be completed by veterinary practice/qualified professional I declare to the best of my knowledge and belief, that all information provided in this claim form is true and complete. The fees I have charged are no more than the fees I would normally charge my clients.					
Name (CAPITAL LETTERS)	NAME OF SIGNATORY	Account Name NAM	ME OF ACCOUNT		
Position in Practice	POSITION OF SIGNATORY	Sort Code Accour	nt Number		
Contact number	PRACTICE TELEPHONE NUMBER	Practice Stamp if stamp not available, please attach a sig	ned compliment slip		
Signature	VETERINARY PRACTICE SIGN HERE	VETERINARY PRACTICE NAM EVIDENCE OF STAMP OR COMPLIMENT SLIP MU CLAIM - COMPLIMENT SLIP IN	JST BE PROVIDED TO VALIDATE THE		
Date					

Please provide your sort code and account number for payment. If details are not provided we will pay our policyholder.

Practice Email Address