



YOUR CLAIM FORM

TYPE OF CLAIM - NEW: CONTINUATION:

Please complete this form accurately and to the best of your knowledge. Any inaccurate information may result in your claim being delayed or rejected. If you have any questions please email us at claims@perfectpetinsurance.co.uk, or call on 01992 667330. If any part of this form is not completed or there is any missing information this will delay your claim.

POLICY NUMBER:

Policy Holder's Details

NAME:
ADDRESS:

POSTCODE:
BEST CONTACT NUMBER:
EMAIL ADDRESS:

Vet's Details

PRACTICE NAME:
ADDRESS:

POSTCODE:
PHONE NUMBER:

Pet's Details

PET'S NAME:
PET TYPE: DOG CAT
DATE OF BIRTH:
GENDER: M ALE FEMALE
BREED:
COLOUR:
NEUTERED/SPAYED: YES NO
DATE FIRST ACQUIRED (e.g. 1st Jan 2017):

Previous Vet's Details (if applicable)

PRACTICE NAME:
ADDRESS:

POSTCODE:
PHONE NUMBER:

All vet practices your pet has been registered at must be disclosed. Omitted information will delay your claim.

Your Pet's Condition - 1

Date and time you first noticed that your pet was unwell or injured (e.g. 1st Jan 2017): DATE: TIME:
Please describe your pet's condition:

Has Your pet had this condition or clinical signs before, or any related? YES NO
If 'Yes' we will need the medical history to show the dates and full details.

IF THIS IS A NEW CLAIM, PLEASE COMPLETE THE FOLLOWING QUESTIONS AND FORWARD THE FULL MEDICAL HISTORY.
Please tell us the date or the number of days before the first date of treatment, that the clinical signs were first noticed.

Your Pet's Condition - 2

Date and time you first noticed that your pet was unwell or injured (e.g. 1st Jan 2017): TIME:
Please describe your pet's condition:

Has Your pet had this condition or clinical signs before, or any related? YES NO
If 'Yes' we will need the medical history to show the dates and full details.

IF THIS IS A NEW CLAIM, PLEASE COMPLETE THE FOLLOWING QUESTIONS AND FORWARD THE FULL MEDICAL HISTORY.
Please tell us the date or the number of days before the first date of treatment, that the clinical signs were first noticed.



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For Your Vet To Complete Your vet must fill in this section about each condition (we only accept claim forms from veterinary practices).

Pet condition:

Date appointment was booked to treat the above condition:

Was the pet referred to a complementary treatment professional? YES NO

Death of Pet

Did any condition being claimed result in the death or euthanasia of the pet? YES NO

If Yes, please advise the condition:

Date of death (1st Jan 2017):

Treatment of Pet

If an out-of-hours appointment or a housecall was made, please explain why emergency treatment was required:

IMPORTANT: Please ensure that a dated and itemised breakdown of all treatment costs is attached to the claim form before you send it to us. This must state fees for consultation, prescription charge, hospitalisation. Please ensure a full clinical history is attached or this will delay your claim.

Total cost of Treatment (including VAT).

Payment Details

PAYEE NAME:

ACCOUNT NUMBER:

SORT CODE:

Declarations

Customer Declaration

By signing this form you confirm all information on this form is accurate and true: I authorise Perfect Pet to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Perfect Pet with all information relating to my pet. Unsigned forms will not be processed.

CUSTOMER SIGNATURE

NAME: DATE:

Vet Declaration

By signing this form I confirm I have checked the information on this claim form and it is all correct to the best of my knowledge. The fees I have charged are no more than the fees I would normally charge a client. If this pet was referred to you. Please advise the name and address of the registered vet.

REGISTERED VET PRACTICE NAME:

ADDRESS:

POSTCODE:

VETERINARY SURGEON'S SIGNATURE:

VETERINARY SURGEON'S NAME:

DATE:

EMAIL ADDRESS OF THE VET PRACTICE:

CONTACT NUMBER OF THE VET PRACTICE:

PRACTICE STAMP

We will pay the person/vet on this form. Any changes need to be agreed with the policy holder. (The payment will be made to the bank account that premiums are taken unless you have requested we pay the vet direct).

PAY THE - VET DIRECT: POLICY HOLDER:

Please post the completed forms to: **Perfect Pet Insurance, The Portway Centre, Old Sarum, Salisbury, Wiltshire SP4 6EB**

All claim forms must be accompanied by a full breakdown of costs and a full clinical history. Any missing information will delay your claim. You have 90 days in which to submit the claim, from the treatment date. Any claims or part claims over 90 days will not be paid.



HOW TO CLAIM – DOCUMENTS REQUIRED HELP SHEET

To enable us to assess your claim we will require the following:

What are you claiming for?	Documents we require	Enclosed (tick to confirm)
Veterinary Fees	<ol style="list-style-type: none"> 1 Claim form fully completed, signed and dated by you (the named policy holder) and the veterinary practice that carried out the treatment. 2 A full clinical history from your veterinary practice, and any previous veterinary practices. 3 An itemised invoice/receipt showing all treatment carried out. 	
Repeat Medication (online pharmacy)	<ol style="list-style-type: none"> 1 Claim form completed and signed by yourself (the named policy holder). 2 Copy of prescription for ongoing medication. 3 Itemised invoices for the medication, showing pets details. 	
Death Benefit	<ol style="list-style-type: none"> 1 Claim form fully completed, signed and dated by you (the named policy holder) and the veterinary practice. 2 A full clinical history from your veterinary practice, and any previous veterinary practices. 3 Original pedigree documents. 4 Original purchase receipt. 	
Boarding Fees	<ol style="list-style-type: none"> 1 Claim form completed and signed by yourself (the named policy holder). 2 Itemised invoice showing pets details and your details (the named policy holder). 3 Medical certificate from the hospital showing your details (the named policy holder), the dates of the hospitalisation and the reason for this. 	
Advertising and reward	<ol style="list-style-type: none"> 1 Claim form completed and signed by yourself (the named policy holder). 2 Original invoice for advert and copy of the advert. 3 A full clinical history from your veterinary practice, and any previous veterinary practices. 4 Series of events detailing how your pet went missing. 	
Theft or Straying	<ol style="list-style-type: none"> 1 Claim form completed and signed by yourself (the named policy holder). 2 Original purchase receipt. 3 Original pedigree documents. 4 A full clinical history from your veterinary practice, and any previous veterinary practices. 5 Series of events detailing how your pet went missing. 6 Details of who reported to (see policy wording). 7 Crime reference number. 	
Holiday Cancellation	<ol style="list-style-type: none"> 1 Claim form completed and signed by yourself (the named policy holder). 2 A full clinical history from your veterinary practice, and any previous veterinary practices. 3 Booking and cancellation invoice, showing travel dates, cost and confirmation paid in full. 	
Holiday Cover	<ol style="list-style-type: none"> 1 Claim form fully completed, signed and dated by you (the named policy holder) and the veterinary practice that carried out the treatment. 2 A full clinical history from your veterinary practice, and any previous veterinary practices. 3 An itemised invoice/receipt showing all treatment carried out. 	
Public Liability/ Third Party	<ol style="list-style-type: none"> 1 Claim form completed and signed by yourself (the named policy holder). 2 A full clinical history from your veterinary practice, and any previous veterinary practices. 3 Series of events. 4 Witness details/witness series of events. 	

Important:

Please refer to your policy terms and conditions and exclusions which shows the level of cover in place for your pet and full details of the benefits available.