

# Pet Claim Form

## If you need to cancel or cut short a holiday because your pet needs urgent medical care

Send your completed claim to [claimform@animalfriends.co.uk](mailto:claimform@animalfriends.co.uk)

If you have any questions, you can call **0344 557 0300**

**animal  
Friends**  
Pet Insurance

### 1. ABOUT YOU

Policy number:

Policyholder's name:

Contact number:

Email address:

Policyholder's address & postcode:

  
  
  

### 2. ABOUT YOUR PET

Pet's name:

Pet's breed:

Pet's date of birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

When did you get your pet?:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Was your pet a rescue? Yes:  No:

#### Which vet carried out your pet's emergency treatment?

Vet practice name/branch and phone number:

We will need your pet's full clinical history to review your claim.

Previous vet practice name/branch and phone number:

### 3. CLAIM DETAILS

What were your original holiday dates?

From:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

When did you book your holiday?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

When did you cancel or come home early from your holiday?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

When did you first notice your pet was unwell?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

What was wrong with your pet that meant you had to cancel or cut short your holiday?

  
  

Please tell us the name of your travel insurance company:

*This policy is for you and your pet, so we won't be able to cover costs for anyone else that might be on holiday with you.*

Please list the things you want to claim for: (continue on separate sheet if necessary)

1.	£
2.	£
3.	£
4.	£

### 4. SUPPORTING INFORMATION

Please include with your claim form:

- A. Your holiday booking confirmation/s and invoice/s.
- B. Proof of when you cancelled your holiday.
- C. If you had travel insurance, please send us the insurance schedule.
- D. Receipts for any additional costs.

### 5. SENDING US YOUR CLAIM

Please send us your fully completed claim form. We aim to process your claim within 2 working days following receipt of all required information.

Please make sure you:

- Complete and sign the claim form.
- Include all supporting information.
- Keep copies of the documents you send for your records.

The completed form and documents should be sent to [claimform@animalfriends.co.uk](mailto:claimform@animalfriends.co.uk) or posted to **Animal Friends House, 1 The Crescent, Sunrise Way, Amesbury, Wiltshire, SP4 7QA**

### 6. YOUR DECLARATION

I confirm that the information I have provided is correct and that the documents I have provided are exact copies of the originals.

I also confirm I have provided details of any other insurance that may cover this claim.

I agree that Animal Friends Insurance can talk with any vet, professional or individual that may be involved with this claim.

Print name:

Please sign here:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Claims will be paid into the account that your

**Direct Debit** is collected from.

If you pay your premium **annually** please give us your **current** account details below:

Account holder's name:

Account Number:

Sort Code:

--	--	--	--	--	--