

Horse Claim Form

Repeat Medication

Send your completed form to claimform@animalfriends.co.uk
You can also submit your claim through your online account.
If you have any questions, you can call **0344 557 0300**

**animal
Friends**
Pet Insurance

THIS FORM SHOULD ONLY BE USED TO CLAIM FOR MEDICATION YOU HAVE CLAIMED FOR BEFORE

If it is the first time you have claimed for this medication or you are claiming for any other fees you should use a Vet Fees claim form.

1. ABOUT YOU

Policy number:

Policyholder's name:

Contact number:

Email address:

Policyholder's address & postcode:

2. ABOUT YOUR HORSE

Horse's name:

Horse's breed:

Horse's date of birth:

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Filly:

Colt:

Mare:

Gelding:

3. ABOUT YOUR HORSE'S CONDITION(S)

First Condition Name:

Name of Medication(s):

Total amount claimed (first condition)

£

Second Condition Name:

Name of Medication(s):

Total amount claimed (second condition)

£

4. ABOUT YOUR CURRENT VET

Please give us the details of the vet that gave you the prescription or medication for your horse.

Vet practice/branch and phone number:

5. ABOUT PAYING YOUR CLAIM

If we agree to pay your claim, who would you like to be paid?

Please pay **my vet**:

Please pay **me**:

If you pay your premiums by **Direct Debit**, we will pay any claim payments into that bank account. If you pay your premium **annually**, please provide the bank account details you would like to use:

Account holder's name:

Account Number:

Sort Code:

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6. 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 give us an invoice or receipt with the details and cost of the medication you are claiming for.
- You send us a copy of the prescription your vet gave you.
- You keep copies of the documents you send for your records.

The completed form and documents should be sent to claimform@animalfriends.co.uk or posted to
Animal Friends House
1 The Crescent, Sun Rise Way, Amesbury,
Wiltshire, SP4 7QA

7. YOUR DECLARATION

I confirm that the information I have provided is correct.

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

Please sign here:

Date:

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