

Claim Form for Veterinary Fees

Are you completing this form for a:

- New illness or injury** Complete ALL sections clearly and in full.
- Continuation illness or injury** Complete sections shaded blue only.

We're happy to help!

If you have any questions call us on

0345 075 4583

Co-op Insurance Services,
Great West House (GW2),
Great West Road,
Brentford, Middlesex
TW8 9DX

Please complete using a black pen and block capitals. Missing information will delay your claim.
If this is the first claim for this pet, please can you submit a full clinical history. Ask your vet to complete these three sections

1. Policy Number Policyholder to complete

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2. About You Policyholder to complete

Policyholder's name

Daytime telephone no

Email address

(Required to process claims payments)

Policyholder's address

Postcode

Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.

3. About your pet Policyholder to complete

Pet's name

Pedigree name

Breed

Pet's Microchip Number

Pet's date of birth / / Male Female

Which date did you take ownership of your pet? / /

If this is the first claim you are submitting for your pet you must include a full clinical history from all of the vets that your pet has been registered with, plus any information you may have from the person/party you obtained your pet from. Your claim will be delayed if this is not included.

4. Details of your pet's illness/injury Policyholder to complete

For each condition you are claiming for, please tell us the date you first noticed any signs that your pet was unwell or injured. This date may be before you contacted your veterinary practice.

Your claim will be delayed if we do not have this information.

Condition 1

Date you noticed your pet was unwell / /

Description

Condition 2

Date you noticed your pet was unwell / /

Description

Did the illness or injury result in the death of your pet? Yes No

Date of death / /

Please give us details of ALL other veterinary practices that your pet has been registered with on a separate piece of paper.

5. Payee details Policyholder to complete

Please complete one of the following

Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet.

Pay the vet direct - please tick

Practice name

Pay policyholder(s)

Direct Debit customers

Claims payments will be paid into the bank account from which your premium is collected. Please ensure you have given us your email address in Section 2 to avoid delay in settlement.

If you do not pay by Direct Debit, Cheques will be automatically made payable to the policyholder named on your Certificate of Insurance.

Please sign here 

Print name

Date / /

By signing this form I authorise Allianz Insurance to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Allianz Insurance with all information relating to my pet. I also confirm I have checked the information given on this form and that it is correct to the best of my knowledge.

6. General information Vet practice to complete

When was this pet first registered at your practice? / /

If this pet has been referred please give the name, address and telephone number of the practice which referred it and submit the referral letter/report with this claim.

Name

Address

Postcode

Telephone no

Was a house visit or out of hours treatment provided? Yes No

If **Yes**, why?

Is any part of this claim for a condition the pet can be vaccinated against? Yes No

If **Yes**, were the pet's **vaccinations** up to date at time of treatment?

Yes Date of last vaccination / / No Don't know

Is any part of this claim for **dental treatment**? Yes No

Has this pet had annual dental checks over the last 2 years? Yes No

If **Yes**, you must enclose a full clinical history over the last 2 years. If this is not attached this will delay the client's claim.

Is any part of this claim for treatment of a urinary problem? Yes No

If **Yes**, were crystals/stones present? Yes No

If **Yes**, are the crystals/stones Oxalate? Struvite? Other?

If **other**, please specify

Please give dates of:

1st positive test for crystals

Date / /

1st negative test for crystals

Date / /

7. About the illness or injury Vet practice to complete

Condition 1 **Total amount claimed (inc VAT) £**

Name of the illness or injury (if no diagnosis has been made please give clinical signs)

Is this condition a continuation? Yes No

Treatment dates from: / / to: / /

Did **death** or **euthanasia** result from this illness or injury? Yes No

Date of death / /

When did this illness or injury begin? (as noted on your records) / /

To your knowledge, has this pet been seen before for this illness or injury, any similar or related illness or injury or clinical sign(s)? Yes No

If **Yes**, please provide the history with dates

Date / /

Date / /

Condition 2 **Total amount claimed (inc VAT) £**

Name of the illness or injury (if no diagnosis has been made please give clinical signs)

Is this condition a continuation? Yes No

Treatment dates: from / / to / /

Did **death** or **euthanasia** result from this illness or injury? Yes No

Date of death / /

When did this illness or injury begin? (as noted on your records) / /

To your knowledge, has this pet been seen before for this illness or injury, any similar or related illness or injury or clinical sign(s)? Yes No

If **Yes**, please provide the history with dates

Date / /

Date / /

8. Declaration by the veterinary practice Vet practice to complete


This practice is authorised to have claims paid direct Yes No

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.

Name Position in practice

Email address

Vet stamp

Signature  Date / /

Important Notes

- The insurance is provided by Allianz Insurance plc.
- Please ensure you retain a copy of this claim form and any receipts for your records.

Co-op Insurance Services is a trading name of Co-op Insurance Services Limited; registered in England and Wales with registration number 4390. Registered office; CIS Building, Miller Street, Manchester, M60 0AL. Co-op Insurance Services Limited is Authorised and Regulated by the Financial Conduct Authority under register number 779364.

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- Please use a separate claim form for each pet.
- Please send completed forms, including copies of all receipts to: Pet Insurance from Co-op Insurance Services, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

Incomplete Claim Forms Will Be Returned To The Policyholder