

Veterinary Fees Claim Form

Petinsurance.ie Claims

Plaza 212, Blanchardstown Corporate Park, Dublin 15

Name	<input style="width: 95%;" type="text"/>	Pet's Name	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%; height: 60px;" type="text"/>	Breed	<input style="width: 95%;" type="text"/>
		Dog	<input type="checkbox"/>
		Cat	<input type="checkbox"/>
		Male	<input type="checkbox"/>
		Female	<input type="checkbox"/>
Daytime Tel No	<input style="width: 95%;" type="text"/>	Cert No	<input style="width: 95%;" type="text"/>
Broker / Agent	<input style="width: 95%;" type="text"/>		

If you have any questions about your claim or completing this form please call the claims team on **0818 286521**.

Please read carefully the full Terms and Conditions of your insurance as set out in your Certificate of Insurance and your Policy Document before filling in this form.

Sections 3), 4) and 5) must be completed by the attending veterinary practice.

If you are claiming for Complementary Treatment the claim form and the invoices must be countersigned by your vet.

You must pay the vet for any cost we cannot pay.

We will not pay:

- More than the maximum benefit
- The excess for each condition
- Any treatment excluded in the Terms and Conditions as set out in your Certificate of Insurance and your Policy Document
- Any administration charges

Section 1 – To be completed by the policyholder

Please provide details of your previous veterinary surgeon if your pet has been registered at the current treating practice for less than 3 years

Name	<input style="width: 95%;" type="text"/>	Tel No	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%; height: 60px;" type="text"/>	Fax No	<input style="width: 95%;" type="text"/>
		From	<input style="width: 95%; text-align: center;" type="text" value=" / /"/>
		To	<input style="width: 95%; text-align: center;" type="text" value=" / /"/>

The name / description of each illness or injury you are claiming for and the date you first noted signs or symptoms

1	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%; text-align: center;" type="text" value=" / /"/>
2	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%; text-align: center;" type="text" value=" / /"/>

To whom should the claim be paid? To Yourself Direct to the veterinary surgeon

Section 2 – Declaration to be completed by the policyholder

I declare that the details given are correct to the best of my knowledge and agree that any vet who has treated my pet may provide any information the underwriters may require to process my claim. I confirm that payment is to be made as indicated above

Signed by **Date**

Section 3 – Case history to be completed by the attending veterinary practice

Date first registered

First Claim

Second Claim

Dates of Treatment to

to

Diagnosis

Treatment details

If the pet has been seen for a similar or related condition previously please give details

Has a claim been submitted for this condition previously?

Yes No

Yes No

Section 4 – Veterinary Fees – to be completed by the attending veterinary practice

Please attach an itemised invoice listing dates, treatments and medication for each illness or injury

First Claim

Second claim

Total cost of treatment €

€

If house visits are included would moving the pet have damaged its health?

Yes No Cost €

Yes No Cost €

If the pet was euthanased are cremation costs included above?

Yes No Cost €

Yes No Cost €

Section 5 - Declaration to be completed by your vet or the person authorised by your vet to complete and sign

- I have completed this claim form
- To the best of my knowledge the information is correct
- The fees charged are no higher than the normal practice fees

Signed

Practice name, address

Print Name

Date

Tel No