Animalcare Options Insurance

Claim Form
for Boarding Fees (Hospitalisation)

For official use only

PLEASE MAKE SURE THIS CLAIM FORM IS COMPLETED CLEARLY AND IN FULL TO ENSURE THE CORRECT ASSESSMENT OF YOUR CLAIM. PLEASE COMPLETE A SEPARATE FORM FOR EACH PET

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS.

We're happy to help!
If you have any questions call us on
0845 070 3429

1. Policyholder to complete — POLICY NUMBER

2. Policyholder to complete — ABOUT YOU

Policyholder's name

Daytime telephone no

Email address

Policyholder's address

Postcode

Please tick here if this is different to the address on your Certificate of Insurance ☐

3. Policyholder to complete — ABOUT YOUR PET

Pet's name

Pedigree name

Is your pet a Dog ☐ Cat ☐

Breed

Pet's date of birth / / Male ☐ Female ☐

Is your pet insured with any other company? Yes ☐ No ☐

If Yes, please state which company

4. Policyholder to complete — PAYEE DETAILS

Cheques will be automatically made payable to the policyholder named on your Certificate of Insurance.

I confirm that I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief ☐

Please sign here ✗

5. Policyholder's general practitioner/hospital physician/surgeon to complete — If this is not filled in your claim will be delayed

Patient's name Mr/Mrs/Ms

G.P. practice name and address

Postcode

Telephone no (incl. STD)

Name and address of admitting hospital

Postcode

Date of the first visit to any doctor for this condition / /

Date of hospitalisation from / / to / /

Medical condition requiring hospital treatment

I confirm that to the best of my knowledge the statements are true in every respect.

Signature(s) of G.P./hospital physician/surgeon (please delete as applicable)

✗

Date / /

6. Boarding kennel proprietor/home carer to complete — Please attach receipts from kennels/home carer

Pet looked after by; Kennels ☐ Home carer ☐

Receipt attached ☐

Written confirmation of payment from home carer attached ☐

Owner's name Mr/Mrs/Ms

Name of kennel/home carer

Postcode

Telephone no (incl. STD)

Date of boarding/home care from / / to / /

Boarding fees per day £ -

Total fees £ -

I confirm that to the best of my knowledge the statements are true in every respect.

Signature(s) of boarding kennel proprietor/home carer (please delete as applicable)

✗

Date / /

IMPORTANT NOTES

- The insurance is underwritten and administered by Allianz Insurance plc.
- If the claim form is being faxed, please retain all original copies of the claim form and receipts.
- Please use a separate claim form for each pet.
- Please send completed forms, including copies of all receipts to: Animalcare Options Insurance, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER