

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
0345 070 3429

1. Policyholder to complete POLICY NUMBER

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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 **X**

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) **X**
Date / /

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

Pet looked after by; Kennels Receipt attached
Home carer 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) **X**
Date / /

IMPORTANT NOTES

- The insurance is underwritten and administered by Allianz Insurance plc.
- Please use a separate claim form for each pet.

- Please send completed forms, including copies of all receipts to: Animalcare Options Insurance, PO Box 224, Huddersfield, HD8 1FS.

Animalcare Options Insurance from Animalcare Limited is sold, underwritten and administered by Allianz Insurance plc (Registered in England No. 846380). Registered office: 57 Ladymead, Guildford, Surrey GU1 1DB. Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Animalcare Ltd is not part of the Allianz (UK) Group.

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER