

# 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**

**We're happy to help!**  
If you have any questions call us on  
**0345 070 3429**

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS.

**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  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)

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, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

Animalcare Options Insurance from Animalcare Ltd, is sold, underwritten and administered by Allianz Insurance plc (Registered in England No. 846380). Registered office: 57 Ladymead, Guildford, Surrey GU1 1DB.  
Animalcare Ltd is an Appointed Representative of Allianz Insurance plc which 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.