



PET INSURANCE CLAIM FORM

How to contact us: If you have any queries regarding the completion of this form, you can contact a member of our Claims Team on 01 2475481 between 9am and 5pm Monday to Friday. Once this form has been completed, please return it to us at: Travel Claims facilities, Box 112, Lombard Street East, Dublin 2

Policyholder Details:
Title: Mr / Mrs / Miss / Ms / Other .....
Name / Surname: .....
Home Address:
Contact telephone: .....
Contact email: .....

Pet Details:
Name: D.O.B: DD/MM/YYYY
Breed: Sex: M / F Neutered: yes / no
Is your pet a rescue? Yes / No Date of Rescue: ...../...../.....
Microchip No.:
Policy Type:
Policy Number:
Inception Date: ...../...../.....

Is your pet currently covered by another insurance policy? Yes / No If Yes, please provide:
Policy Provider: ..... Policy Number: .....
Has your pet been registered / treated at any other veterinary practice prior to your most recent? Yes / No
If Yes, please provide practice details:
1.
2.

To whom is any settlement to be made? (Delete as applicable): Policyholder / Veterinary Surgery

Account Number: Sort Code:

Continuation Claims:
We would like to maintain our relationship with your Vet during the treatment of an ongoing illness / injury to provide a seamless and straightforward claims process. Therefore, we offer a Direct Claim Agreement which allows your vet to submit additional claims for ongoing treatment. This means you would not need to fill in a claim form each time your pet visits the Vet.
If you would like to use this service, please select the option below. Please note, notification of each new settlement will be made to you directly. Any visits for new illnesses/injuries or referrals will require a new claim form.
I authorise my registered Vet to submit Direct Claims for the treatment of an ongoing illness/injury: Yes / No

Declaration:
I hereby declare that all the details provided are true and accurate to the best of my knowledge.
I Give consent from Travel Claims Facilities to seek recovery of monies paid where reciprocal agreements are in force, or from other insurers covering the same risk, or from third parties who may be liable
I understand that details of this claim may be passed to the insurance industries central claim register
I understand that if a claim is found to be fraudulent or exaggerated that this will invalidate the whole claim and Travel Claims Facilities may seek to recover any costs through the civil courts
Once you have read and agreed to the above declarations, please sign and date below
Name..... Signed..... Date.....

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**Section 2 – To Be Completed by The Veterinary Surgeon**

Please ensure that you include a full clinical history for the pet in addition to an itemised invoice showing the date and cost for all treatments provided. If prescriptions are included, please ensure these show the type and quantity of drugs provided. If two or more conditions have been treated, please provide separate costs for each condition. It is the policyholder's responsibility to complete and sign the claim form. Please ensure that this has been done before the form is brought to you.

Condition 1

Diagnosis: .....

Technique or operation used: .....

Treatment Dates: ...../...../..... to : ...../...../.....

Is this claim a continuation? Yes / No

If yes, what date was the previous treatment? ...../...../.....

Date condition first noted by owner  
As far as you are aware: ...../...../.....

Is there likely to be ongoing treatment? Yes / No

If house calls were made, was this because it was life threatening to the pet to move it? Yes / No

Is any of the fee for Clinical diets? Yes / No

If Yes: Product Name .....

Cost: € .....

Total cost (Inc. VAT): € .....

Condition 2

Diagnosis: .....

Technique or operation used: .....

Treatment Dates: ...../...../..... to : ...../...../.....

Is this claim a continuation? Yes / No

If yes, what date was the previous treatment? ...../...../.....

Date condition first noted by owner  
As far as you are aware: ...../...../.....

Is there likely to be ongoing treatment? Yes / No

If house calls were made, was this because it was life threatening to the pet to move it? Yes / No

Is any of the fee for Clinical diets? Yes / No

If Yes: Product Name .....

Cost: € .....

Total cost (Inc. VAT): € .....

**In the event of the pet's death**

Date of Death: ...../...../..... Cause of Death: .....

If Euthanasia was performed, please indicate why it was necessary:  
.....

Were any charges made for Cremation or Burial? Yes / No If Yes: € .....

**Veterinary Declaration**

I certify that, to the best of my knowledge, all the information contained in this form is correct and accurate. I also confirm that the fees charged are my normal practice fees relating to this condition and are not greater than I would normally charge my clients. Where any discount has been applied to the fees charged, this has been deducted from the amount claimed on this form.

Signature of Veterinary Surgeon: .....

Print Name: ..... Date: ...../...../.....

**Practice Stamp (Required)**

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Claim Checklist

In order for us to quickly, accurately and fairly process your claim, we require the following documents. Please ensure that these are included with your claim, as without them, this will result in a delay to the processing of your claim.

What are you claiming for?	Required documents	Enclosed
Veterinary Fees	Claim form fully completed and signed by you and your Vet. A full clinical history from your vet. An itemised invoice showing all the treatment carried out.	Yes / No
Death Benefit	Claim form fully completed and signed by you and your Vet. Purchase receipt from the breeder or rescue centre. Pedigree registration documents.	Yes / No
Boarding Kennel/Cattery Fees	Claim form fully completed and signed by you. Kennel or Cattery Invoice. Letter from your GP or Hospital confirming the dates you were hospitalised.	Yes / No
Advertising and Reward	Claim form fully completed and signed by you. Searchers fee if appointed. Receipts for stationary used. The details of the finder of your pet, along with evidence of the reward you gave.	Yes / No
Theft or Straying	Claim form fully completed and signed by you and your Vet. Purchase receipt from the breeder or rescue centre. Details of the Dog Warden or Rescue Organisations you have contacted.	Yes / No
Holiday Cancellation	Claim form fully completed and signed by you. Travel operator's confirmation of cancellation confirming costs incurred Holiday booking confirmation.	Yes / No
Overseas Travel	Claim form fully completed and signed by you and your Vet. A full clinical history from your vet. An itemised invoice showing all the treatment carried out. Holiday booking confirmation/proof of travel. A copy of your Pet Passport.	Yes / No
Liability & Accidental Damage	You will need to complete a Liability Claim Form, please contact us to inform us of the incident and to request a claim form.	Yes / No

Please remember to refer to your policy booklet for your terms and conditions. This will also show you the level of cover and benefits offered to you by your policy. Not all of the above sections apply to all policies.