Vet Fees Claim Form
Section 1: This section must be completed by the policyholder Policy no.

Title			Level	of cover				
Surname			Origin	al start o	<mark>date</mark>			
Forename			Policy	dates		From: /	/ To: / /	
Home address			Pet's r	name				
			Pet typ	oe (Dog/	Cat)			
Post code			Breed					
Home Tel number			Age of	pet				
Mobile Tel number			Pet's g	jender				
Email address:			Refere	nce nun	nber			
		-						
1 What illness, injury or behavioural disorder are you claiming the cost of treatment for?								
2 When did you first no	well or acting st	rell or acting strangely?			/ /			
3 Please tell us the vet(s) where your pet has been registered previously to your current vet								
Practice name		Practice name			Please tell us your address at these			
Address		Address			,	vets if it was no	ot your current address	
Post code Tel. no.	Post code Tel. no.							
Date last registered Date last registered								
4 If you are claiming for the cost of Prescription E tell us the daily cost of the food your pet norma					£		per day	
I declare that I am the policyholder and all the details my vet and I have given are true, accurate and complete.								
 I understand that if the information is not true, accurate or complete my claim may not be paid and my insurance may be cancelled or void. I give my authorisation for my current and previous vets to release any information about my pet. 								
Please note:								
 All claims are assessed individually and any costs deemed unreasonable may be settled at a reduced rate. We require at least a 12-month clinical history for all new claims (unless your pet is a puppy or kitten, when we require a full history) 								
Please sign one of the boxes b	elow to confirm yo	ou agree with the o	declaration and to	tell us who	to pay.			
Please pay me Signature:		Please pay my Signature:	vet directly		Please p Signatur			
		3			3			
Data		2-1 /	,		Data	/ /		
Date: / /		Date: /	/		Date:			
If you want to claim for the purchase price or value of your pet, please tell us the amount you originally paid and attach your purchase receipt. (If you do not have a purchase receipt, we will consider your claim in line with your policy wording)								
Amount paid £	ı	Purchase rece	ipt attached:	Yes		No		

Section 2: This section must be completed by your vet Please use a separate form for each illness/injury What is the illness or injury and the area of the body affected or the behavioural disorder How long before you first saw the pet for this illness or injury did the owner say the pet was showing clinical signs? Number of days: or date first signs noticed: Treatment dates claimed? From To Has the pet died as a result of an illness or injury being claimed? Yes No If yes please tell us the date. Have you filled in a form for this illness, injury or behavioural disorder before? Yes No If yes please tell us the name of the illness or injury you put on the previous form and go to question 9 Has the pet had the illness or injury or a related illness or injury anywhere Yes No in or on its body before? What are the main clinical signs of the illness, injury or behavioural disorder? Has the pet had the same clinical signs or any related clinical signs anywhere in or on its body before? No Yes If this pet was referred to you please tell us the name and address of the regular practice. 10 Please tell us the date the pet was first registered at your practice or the regular Practice. (If you are a referral practice you will need to obtain this date from the regular practice) 11 If a home visit was made, was it because it would have endangered the pet's Yes No health to move it? If no please explain on a separate sheet why the visit was made? 12 If the treatment includes prescription food, please tell us the dates it has been prescribed for and the daily cost. £ From Τo Approx. daily cost 13 If the claim involves dental or gum treatment was this caused by an injury? No Yes 14 If the claim involves Physiotherapy, Osteopathy, Hydrotherapy or Chiropractic manipulation, how many sessions did you recommend? Total cost of the treatment claimed £ Please note: All claims are assessed individually and any costs deemed Practice stamp unreasonable may be settled at a reduced rate. Please attach at least a 12-month clinical history for all new claims (unless the pet is a puppy or kitten, when we require a full history) I declare to the best of my knowledge, that all the information I have given is correct and accurate and the fees I have charged are no more than the fees I normally charge all my clients. Veterinary Surgeon's signature: Date:

To prevent any delay in processing your claim, please ensure:

- You and your vet fully complete the claim form.
- You sign the claim form. We cannot accept claim forms unless they are signed by the policyholder.
- Your vet signs the claim form as we do not accept claim forms signed by someone else who may have treated your pet.
- You provide an itemised invoice or receipt for the treatment you are claiming for.
- Your usual vet provides your pet's clinical history, where required, even if your pet has been referred to a different vet.
- Please keep copies of all documents you send us for future reference.

Please use the checklist over the page to ensure you haven't forgotten anything and then send your claim form and the necessary information to:

RSPCA Pet Claims Department The Connect Centre Kingston Crescent Portsmouth PO2 8QL

We aim to process your claim within five working days of receipt of your completed claims form and full supporting documentation. This means you will normally hear from us within two weeks from the date you post your claim form. We will tell you how much we will pay you, how much you have to pay towards the cost of treatment (your excess) and if we cannot help you with all or part of your clam with we will explain why. If more information is needed to process your claim we will tell what it is and how to get it.

Please note: As stated in your policy wording, Veterinary Fees Cover, "We will pay you for all reasonable costs and customary charges made for treatment carried out by a vet". To help you extend the lifespan of your policy limit and to enable us to mitigate any future premium increases, any costs deemed unreasonable will be settled at a reduced rate.

CLAIM FORM CHECKLIST

(Please use the checklist below to ensure we can process your claim as quickly as possible and to avoid any delays)

Have you fully completed Section 1?	
Have you signed the declaration box?	
Has your vet fully completed Section 2?	
Has you vet signed and stamped the form?	
Have you attached a fully itemised invoice to show the costs of your pet's treatment, drugs and procedure?	
Have you attached a 12-month clinical history (unless you pet is under 12 months old, in which case we require a full history)	
Have you kept a copy of all documents for your own records?	