

### How to complete this form

**Note:** Please only use this form if your pet has received treatment for a continuing illness/injury; if you are claiming for a new illness/injury you must complete a 'first claim', claim form. Ask your vet to complete the reverse of this form, and then please fully complete sections one to three, sign and date the declaration and return the form to the address below with the required documents. Failure to answer all the questions and/or enclose the relevant documents may delay the assessment of your claim. Please refer to the important notes below.

1. Policyholder Details	2. Your Pet
Policy Number:	Pet Name:
Policy Start Date:	Breed:
Policyholder's Name:	Description:
Address:	Date of Birth:
Home Telephone No:	Sex:
Mobile Telephone No:	Neutered:
Email Address:	Purchase Date:
	Microchip Number:
	Date of Last Vaccination:

### 3. Policyholder to complete – Your preferred payment option and Declaration

Payment will be made directly into a bank account (or to your Vet with their agreement); please enter the account details below.

<p><b>To You</b> <input type="checkbox"/></p> <p>Name of Account <input style="width: 100%;" type="text"/></p> <p>Account Number <input style="width: 100%;" type="text"/></p> <p>Sort Code <input style="width: 100%;" type="text"/></p>	<p><b>To Your Vet</b> <input type="checkbox"/></p> <p>Name of Account <input style="width: 100%;" type="text"/></p> <p>Account Number <input style="width: 100%;" type="text"/></p> <p>Sort Code <input style="width: 100%;" type="text"/></p>
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**After your vet has completed the sections overleaf, please carefully read this declaration and sign below.**

I declare that the information I have provided on this form is correct. I declare that, to the best of my knowledge, my pet has been treated as recommended by my veterinary surgeon, and I am satisfied that the information supplied in sections four to six is correct. I confirm that my veterinary surgeon and any previous veterinary practices where my pet has been examined may provide any information to Covea Insurance that is required to assess my claim. I understand that if any part of this claim is found to be fraudulent, the claim will not be paid, my policy will be invalidated, and the appropriate authorities may be informed.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Policyholder - Important Notes - Please ensure that the following documents are included with your claim**

- All relevant receipts or invoices which must be fully itemised by the veterinary practice.
- The clinical notes for your pet for the treatment dates claimed for.
- For drugs purchased via the internet, the invoice and a copy of the vet's prescription must be attached.
- A referral report, (where applicable), if your pet has been referred for specialist treatment.
- For a claim under the death section of cover, please enclose the purchase receipt and, where applicable, a copy of your pet's pedigree certificate.
- Please refer to your schedule of insurance and policy terms and conditions for details of what is and isn't covered. We recommend that you keep a copy of this form for your reference.

Please return this form with the required documentation to: **Lifetime, FREEPOST PETADMIN**  
**IMPORTANT: for prompt delivery, just use the above, do not add the postcode**  
**Tel: 0330 0242493 Email: claims@petadminteam.com**

# This side is to be completed by the veterinary surgeon

**Important Notes** - Please only use this form if the pet has received treatment for a **continuing** illness/injury. The policyholder should complete and return this form after you have answered the questions in sections Four to Six below.

- Please fully answer all questions and attach documents as requested.
- Include itemised receipts or invoices, and the clinical notes for the treatment dates.

- Show the separate costs if more than one illness/injury has been treated.
- For direct payment to the practice please provide the practice account details on the front of this form.

## 4A. Details of treatment

1 Is this a continuation of a previous claim? Yes  No

If **no**, a 'first claim' form **must** be completed. If **yes**, please state the treatment dates claimed for on the last claim submitted:

From: \_\_\_\_\_ To: \_\_\_\_\_

2 Diagnosis or clinical symptoms (where possible please provide a diagnosis) \_\_\_\_\_

3 Treatment Dates:

From: \_\_\_\_\_ To: \_\_\_\_\_

4 Has this pet been referred to you? Yes  No

If **yes**, please attach a copy of your report and state the name, address and telephone number of the referring practice.

5 Was the pet treated out of hours? Yes  No

If **yes**, please advise why an out of hours appointment was necessary:

6 If a house visit was made please state the reason for this. Would moving the pet have seriously endangered its life?

7 Does the claim include any alternative medicine or complementary treatment? Yes  No

Total cost (Inc VAT) \_\_\_\_\_

Recommended by: \_\_\_\_\_

Type: \_\_\_\_\_

Dates: \_\_\_\_\_

**Total claimed (Inc VAT)**

## 4B. Details of treatment

1 Is this a continuation of a previous claim? Yes  No

If **no**, a 'first claim' form **must** be completed. If **yes**, please state the treatment dates claimed for on the last claim submitted:

From: \_\_\_\_\_ To: \_\_\_\_\_

2 Diagnosis or clinical symptoms (where possible please provide a diagnosis) \_\_\_\_\_

3 Treatment Dates:

From: \_\_\_\_\_ To: \_\_\_\_\_

4 Has this pet been referred to you? Yes  No

If **yes**, please attach a copy of your report and state the name, address and telephone number of the referring practice.

5 Was the pet treated out of hours? Yes  No

If **yes**, please advise why an out of hours appointment was necessary:

6 If a house visit was made please state the reason for this. Would moving the pet have seriously endangered its life?

7 Does the claim include any alternative medicine or complementary treatment? Yes  No

Total cost (Inc VAT) \_\_\_\_\_

Recommended by: \_\_\_\_\_

Type: \_\_\_\_\_

Dates: \_\_\_\_\_

**Total claimed (Inc VAT)**

## 5. Death of pet

Date: \_\_\_\_\_ If euthanasia was necessary, please advise the cost of the fee Total (Inc VAT) \_\_\_\_\_

Were any charges made for the cremation or burial? Yes  No  Total (Inc VAT) \_\_\_\_\_

## 6. Veterinary Declaration

I certify that, to the best of my knowledge, the details I have provided on this claim form are full and correct. The fees claimed are for treatment of the insured pet, as named and described on the front of this form and are this practice's usual fees. If a discount has been applied to the fees, I confirm that this has also been deducted from the total claimed on this form.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Practice Stamp: