

## How to complete this form

Ask your vet to complete the reverse of this form, and then please fully complete sections one to four, 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

Policy Number:  
 Policy Start Date:  
 Policyholder's Name:  
 Address:  
 Home Telephone No:  
 Mobile Telephone No:  
 Email Address:

### 2. Your Pet

Pet Name:  
 Breed:  
 Description:  
 Date of Birth:  
 Sex:  
 Neutered:  
 Purchase Date:  
 Microchip Number:  
 Date of Last Vaccination:

### 3. General Information - Please fully answer the following questions

Do you have any other insurance cover for your pet? If **yes**, please provide the name of the company and the policy number:

Has your pet visited any other veterinary practice, apart from the veterinary practice currently treating your pet? If **yes**, please provide the name and address of the practice, and state the name and address under which your pet was registered, if different to that above:

Please describe the illness, disease, or injury that you are claiming for:

When did you notice that your pet was unwell? Date: \_\_\_\_\_ Time: \_\_\_\_\_

### 4. 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.

To you

Name of Account Holder

Account Number

Sort Code

To your Vet

Name of Account Holder

Account Number

Sort Code

**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 five to eight 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](mailto:claims@petadminteam.com)

# This side is to be completed by the veterinary surgeon

## Important Notes

- The policyholder should complete and return the form after you have answered the questions in sections five to eight.
- Include itemised receipts or invoices, and the clinical notes for the treatment dates.
- If this is the first claim for the pet, a full clinical history must be attached starting from when he/she was first registered.
- Please 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.

### 5A. Details of treatment

1 As far as you are aware, when were the first signs or symptoms of the illness / injury first noticed?

Date: \_\_\_\_\_

2 Diagnosis or clinical symptoms:

3 Treatment Dates:

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

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

If **yes**, please state treatment dates:

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

5 Has the pet ever previously been seen for this illness/injury or clinical symptoms? Yes  No

If **yes**, please advise the dates and attach a full clinical history

Date: \_\_\_\_\_

6 Does the claim include any alternative medicine or complementary treatment?

Yes  No

If **yes** please advise who recommended this treatment/therapy and provide full details of the treatment/therapy including the cost.

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

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

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

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

**Total claimed (Inc. VAT)** \_\_\_\_\_

### 6. General Information

1 Please advise the date when the pet was first registered at the practice

Date: \_\_\_\_\_

2 When was the pet last vaccinated?

Date: \_\_\_\_\_

3 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.

4 Was the pet treated out of hours? Yes  No

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

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

### 5B. Details of treatment

1 As far as you are aware, when were the first signs or symptoms of the illness / injury first noticed?

Date: \_\_\_\_\_

2 Diagnosis or clinical symptoms:

3 Treatment Dates:

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

4 Is this a continuation of a previous Yes  No

If **yes**, please state treatment dates:

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

5 Has the pet ever previously been seen for this illness/injury or clinical symptoms? Yes  No

If **yes**, please advise the dates and attach a full clinical history

Date: \_\_\_\_\_

6 Does the claim include any alternative medicine or complementary

Yes  No

If **yes**, please advise who recommended this treatment/therapy and provide full details of the treatment/therapy including the cost.

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

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

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

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

**Total claimed (Inc. VAT)** \_\_\_\_\_

### 7. Death of pet

Date: \_\_\_\_\_

If euthanasia was necessary, please advise the cost of the fee

Total (Inc. VAT) \_\_\_\_\_

Were any charges made for cremation or burial?

Yes  No

Total (Inc. VAT) \_\_\_\_\_

### 8. 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: \_\_\_\_\_