

1. About you & your policy

Name & address

 Postcode

Policy number V.A.T. Number

Contact tel. number E-mail address

2. Details of the 1st Animal this claim is in relation to

Animals name

Animal age (Yrs/Mths) Sex Male Female

Type of animal Dog Cat Small mammal

Description (breed, etc.)

Owners name

Animals usual Vets name & phone number

State the date the animal was boarded from DD / MM / YYYY State the date the animal was boarded to DD / MM / YYYY

Details of condition the animal is suffering from

Total amount claimed for vet fees £

3. Details of the 2nd Animal this claim is in relation to

Animals name

Animal age (Yrs/Mths) Sex Male Female

Type of animal Dog Cat Small mammal

Description (breed, etc.)

Owners name

Animals usual Vets name & phone number

State the date the animal was boarded from DD / MM / YYYY State the date the animal was boarded to DD / MM / YYYY

Details of condition the animal is suffering from

Total amount claimed for vet fees £

PLEASE NOTE

If you require any assistance please do not hesitate to contact us on
 Telephone: **0845 071 0543** Fax: **(01444) 416878**

For Vet Fee Only claims please complete sections 1, 2, (3 & 4 if more than one animal) 7 & 8 only. For All other claims please complete ALL sections

Please return this form to:-
 Brooks Braithwaite (Sussex) Ltd.
 4 Bridge Road Business Park
 Bridge Road, Haywards Heath
 West Sussex RH16 1TX

4. Details of the 3rd Animal this claim is in relation to

Animals name			
Animal age (Yrs/Mths)		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Type of animal	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Small mammal		
Description (breed, etc.)			
Owners name			
Animals usual Vets name & phone number			
State the date the animal was boarded from	DD / MM / YYYY	State the date the animal was boarded to	DD / MM / YYYY
Details of condition the animal is suffering from			
Total amount claimed for vet fees			£

5. Death / Theft / Straying - See policy terms and conditions

Do you wish to claim for the Death of the animal(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of animal(s) as stated in either section 2, 3 or 4	
Do you wish to claim for Theft or Loss/straying of the animal(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of animal(s) as stated in either section 2, 3 or 4	
Please supply on a separate sheet:	
1. Full circumstances.	2. Police crime reference number (for dogs).
3. Details of veterinary practices notified (for dogs and cats).	4. Advertising amount and receipts.

6. Boarding Fees

Important

We require the following information to calculate the loss of boarding fees you may have suffered. Should you not wish to claim for this please strike through the following section. This section only covers boarding or quarantine fees you decide not to charge from the first date of boarding/quarantine to the date of death/theft or loss of the animal(s).

Do you wish to claim for boarding fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of animal(s) as stated in either section 2, 3 or 4	
Please state your daily boarding rate and amount of claim	£ <input type="text"/> £ <input type="text"/>

Please note that information detailed on this claim form is subject to the declaration as signed below

7. Checklist of information required (All types of claim)

Please complete the relevant checklist to ensure that everything needed to complete the claim is enclosed.

1. A copy of the boarding contract for this animal	<input type="checkbox"/>	Enclosures will not be returned unless you tick this box
2. A copy of the detailed invoice from the veterinary surgery(ies) (If applicable)	<input type="checkbox"/>	
3. Any pedigree papers or purchase receipt if making a claim for death (If applicable)	<input type="checkbox"/>	

To ensure correct and speedy payment of any claim, to whom should any settlement cheque be made?
This can either be the Policyholder, Kennel/Cattery, Vet or Owner of the animal.

--

8. Declaration

Please read carefully before signing

The above named animal(s) is/was boarded at my Kennels and/or Cattery. I confirm that all the facts given are true to the best of my/our knowledge and belief. I/We understand that the Insurers/Underwriters/Scheme Administrators may contact the owner(s) of the animal(s), the vet(s) and any other third party whom is/are believed to hold information that may be relevant to this claim. I/We understand that the issue of this claim form is in no way an admission of liability by the Insurers.

Signature of insured			
Print name		Date	DD / MM / YYYY