

# Claim Form

**PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS**

For veterinary fee only claims please complete sections 1, 2, 3a (3b & 3c if more than one animal), 5 & 6 only. For loss of boarding fees claims please complete all sections.

**Please return this form to:**

Brooks Braithwaite, Third Floor Front, Oakfield House,  
35 Perrymount Road, Haywards Heath, RH16 3BW.

**You should keep copies of all correspondence sent with this form.**

**We will not return any documents sent to us.**

**We're happy to help!**

If you have any questions please do not hesitate to contact us

**0345 070 1064**

claims@petplansanctuary.com

1. Policyholder to complete **POLICY NUMBER** | | | | | | | | | |

2. Policyholder to complete **ABOUT YOU**

Mr/Mrs/Ms/Miss Full name \_\_\_\_\_

Daytime telephone no \_\_\_\_\_

Mobile telephone no \_\_\_\_\_

Email address \_\_\_\_\_

Policyholder's address \_\_\_\_\_

Postcode \_\_\_\_\_

VAT registered (including flat rate)? Yes  No

3a. Policyholder to complete **FIRST ANIMAL**

Animal name \_\_\_\_\_

Animal age Years  Months

Gender Male  Female

Type of animal Dog  Cat  Small mammal  Other

Description (breed, etc) \_\_\_\_\_

Owner's name \_\_\_\_\_

Owner's address \_\_\_\_\_

Postcode \_\_\_\_\_

Animal's usual Vets Practice \_\_\_\_\_

Telephone no \_\_\_\_\_

Date animal in your care from / /

Date animal in your care until / /

Details of condition the animal is suffering from \_\_\_\_\_

**Total amount claimed** £ . p

*In the event of death/theft/loss a letter from the animal owner is required. Payment will be made payable to the owner. Please refer to Policy Terms and Conditions.*

3b. Policyholder to complete **SECOND ANIMAL**

Animal name \_\_\_\_\_

Animal age Years  Months

Gender Male  Female

Type of animal Dog  Cat  Small mammal  Other

Description (breed, etc) \_\_\_\_\_

Owner's name \_\_\_\_\_

Owner's address \_\_\_\_\_

Postcode \_\_\_\_\_

Animal's usual Vets Practice \_\_\_\_\_

Telephone no \_\_\_\_\_

Date animal in your care from / /

Date animal in your care until / /

Details of condition the animal is suffering from \_\_\_\_\_

**Total amount claimed** £ . p

*In the event of death/theft/loss a letter from the animal owner is required. Payment will be made payable to the owner. Please refer to Policy Terms and Conditions.*

## 3c. Policyholder to complete

## THIRD ANIMAL

Animal's usual Vets Practice

Animal name

Animal age

Years

Months

Gender

Male

Female

Type of animal

Dog

Cat

Small mammal

Other

Description (breed, etc)

Owner's name

Owner's address

Postcode

Telephone no

Date animal in your care from

/

/

Date animal in your care until

/

/

Details of condition the animal is suffering from

Total amount claimed £ . p

*In the event of death/theft/loss a letter from the animal owner is required. Payment will be made payable to the owner. Please refer to Policy Terms and Conditions.*

## 4. Policyholder to complete

## BOARDING FEES

Do you wish to claim for boarding fees?

Yes

No

Number of days claimed

Name of animal(s) as stated in section 3

Daily boarding rate

£

.

p

Total amount of claim

£

.

p

## 5. Policyholder to complete

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. Copies of boarding contract(s).
2. For veterinary fee claims detailed invoice(s) from vet(s).
3. For death/theft/loss claims pedigree papers or purchase receipt.

## 6. Policyholder to complete

DECLARATION, SIGNATURE  
& PAYEE

**Unless otherwise advised below, any cheque settlement will be made payable to the business name we hold**

**Please read carefully before signing**

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

Signature of insured

X

Print name

Date / /

*For office use only.*