

Re: Pet Insurance Claim Form Download Our Ref: Veterinary Fees

Thank you for downloading a claim form; please find attached a Veterinary fees claim form for your pet. Please fully complete and sign the claim form and attach the following information:

□ Past 3 year's medical history for your pet (or the full history, if your pet is less than 3 years old)□ Full itemised invoices

Claim forms can be sent across to us by fax on 01423 532791, by email at petclaims@ncionline.co.uk or by the freepost address, which is detailed on your claim form.

Following the receipt of the above information, we will look to assess your claim as quickly as possible.

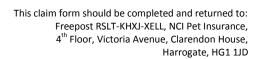
Please ensure that all your contact details are correctly completed on the claim form, so that we can keep you updated on your claim's progress.

If you have any additional queries regarding this claim, please don't hesitate to contact us by using the above email address or by telephone on 01423 535057.

Kind regards

Craig Lambert

Pet Claims Team Leader
On behalf of the Pet Claims Team
NCI Pet Insurance





Claim Form for Veterinary Fees and

requires from any veterinary practice.

	mentary Treatme		POLICY NUMBER:						
1A – POLICY HOLD (TO BE COMPLETED	ER DETAILS D BY THE POLICYHOLDER)		1B - DETAILS OF YOUR PET (TO BE COMPLETED BY THE POLICYHOLDER)						
Your Name:			Your Pet's Name:						
Address:			Dog	Cat Rabbit					
Posto	ode:		Male	Female					
Home phone no:			Breed:						
Mobile phone no:			Date of Birth:	/ /					
E-mail address:			Date of purchase:	/ /					
Name of illness/ injuryour vet Please provide the danoticed your pet was	ry as advised by ate you first	ESS/INJURY 1	/	ILLNESS/INJURY 2					
I declare to the best of my knowledge and belief, the information I have given is both true and complete. Signa			O YOU y holder	B — DIRECT TO YOUR VET Your name Signature of Policy holder					
requires from any veterinary practice			/ /	Date: / /					

4 – DETAILS OF THE CLAIM (TO BE COMPLETED BY THE VETERINARY PRACTICE)										
Continuation Claim:		CLAIN	/ 1 1			CLAI	M 2			
(Have you filled in a claim form for this illness or injury before?)		Yes		No		Yes		No		
Name of the illness or injury:										
(If no diagnosis has been n	nade please give									
clinical signs)										
When did this injury/ illness begin:			/	/			/	/		
Treatment dates:			to				to			
Has the pet been treated for this illness/ injury or a similar/ related condition before? (If yes please provide a copy of the appropriate clinical history with dates etc.)										
		Yes		No		Yes		No		
·		Yes		No		Yes		No		
Were any preventative treatments e.g. Flea/ Wormers used as treatment?						163				
If yes , please give details:										
In connection with the treatment claimed were you required to make a house visit or provide out of hours treatment?										
		Yes		No		Yes		No		
If yes , please explain why the home visit/ out of hours treatment was necessary:										
Did the illness/ injury being claimed for result in the death or euthanasia of the pet?		Yes		No		Yes		No		
						163		110		
Date of death:			/	/			/	/		
If the pet was put to sleep was this recommended?		Yes		No		Yes		No		
Total amount claimed (inclusive of VAT)		£				£				
**	*FOR ALL NEW CLAIM	S PLEAS	SE INCL	UDE 3 YEAR	RS MEDICA	L HISTO	RY***			
If this pet has been refe		REFERRAL VETERINARY PRACTICE DETAILS								
name, address and telephone number of the practice which referred the pet.			Name:							
			Addres	SS:						
Date pet first registered at your practice: / /			Postcode:							
			Telephone number:							
F VETERINIARY DECLAR	DATION (TO DE COMPI	ETED D	V A DEC	CICTEDED V	CTCDINIA D	V DD 4 67	ITIONED	/ NUIDCE\		
5 – VETERINARY DECLA	-							-		
I declare that all the inform	nation I have given on this	s claim f	form is co	orrect to the	best of my	knowled	ge and be	liet.		
Name:				Vet stam	p:					
Position within practice:										
Signature:		RVN	/MRCVS							
Date: / /										