

6. Policyholder to complete

EMERGENCY VET FEES

Please tell us the date you noticed any signs your pet was unwell before booking your appointment with the veterinary practice. Your claim will be delayed if these are incomplete.

Date / /

What were the signs of illness or injury

Multiple horizontal lines for text input.

Has your pet shown the same or similar signs before? Yes No

If Yes, when / /

Name of veterinary practice that treated your pet

Address

Multiple horizontal lines for text input.

Postcode

Telephone number

What diagnosis did the vet make?

Multiple horizontal lines for text input.

What treatment did the vet recommend?

Multiple horizontal lines for text input.

Give details of the treatment received

Multiple horizontal lines for text input.

Total amount claimed

Currency

Please attach copies of all receipts

7. Policyholder to complete

ABOUT THE DEATH OF YOUR PET - EMERGENCY REPATRIATION

On what date did your pet die? / /

Currency

What was the cost of returning your pet's body home or the cost of disposal?

Please attach copies of all receipts

8. Policyholder to complete

HOLIDAY CANCELLATION - EMERGENCY REPATRIATION

Why was your pet unable to travel?

Multiple horizontal lines for text input.

Multiple horizontal lines for text input.

What date were you advised the pet could not travel? / /

Please attach copies of your booking invoice and cancellation invoice

FOR YOUR VET TO FILL IN

Illness or injury

Multiple horizontal lines for text input.

Date first clinical signs were noticed / /

How has the injury or illness prevented the pet from travelling?

Multiple horizontal lines for text input.

What date was your client advised the pet could not travel? / /

Signature

X

Date / /

Practice stamp

8. Policyholder to complete

HOLIDAY CANCELLATION - EMERGENCY REPATRIATION CONT.

If you had to cut short your trip, why couldn't the pet travel home at the scheduled journey time?

Give details of travel expenses unused

Amount claimed _____
Currency _____

Give details of accommodation expenses unused

Amount claimed _____

Currency _____

Give details of additional travel expenses incurred

Amount claimed _____

Currency _____

Give details of additional accommodation expenses incurred

from / / to / /

Amount claimed _____

Currency _____

Please attach copies of your booking invoice, cancellation invoice and receipts for your extra travelling expenses

9. Policyholder to complete

LOSS OF PET - ADVERTISING & REWARD

When did you first notice the animal was missing?

Date / /

Time _____

Place _____

Where and when was the animal last seen?

Date / /

Time _____

Place _____

If the animal was recovered please state

Date / /

Time _____

Place _____

Please advise circumstances of loss

Please give details of the police/vet/carrier to whom the loss was reported

Name _____

Address _____

Postcode

Did you make enquiries or advertise for information? Yes [] No []

If yes, please give full details and attach receipts

Amount _____

Currency _____

Did you pay a reward? Yes [] No []

Amount _____

Currency _____

Please attach (a) receipts to support advertising expenses (b) receipts including name, address and telephone number of recipient to support a claim for reward and (c) written confirmation of loss by the police, vet or carrier.

10. Policyholder to complete

QUARANTINE - LOSS OF DOCUMENTATION

Why was your pet not allowed back into the UK?

Please give details of the type of microchip carried by your pet

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QUARANTINE - LOSS OF DOCUMENTATION CONT.

Please give the name and address of the quarantine establishment

Name

Address

Postcode

How long was your pet in quarantine?

Give details of the costs of quarantine

Amount claimed

Which documents did you lose to prevent your scheduled return home?

Please give details of the police/vet/carrier to whom the loss was reported

Name

Address

Postcode

Date reported / /

When were they lost / /

What did you have to do to get duplicate documents

Give details of costs in obtaining replacement documents

Amount

Currency

What was your scheduled date to return home? / /

What was your method of returning?

How did you eventually return home?

When did you eventually return home? / /

Give details of travel expenses

Amount claimed

Currency

Give details of accommodation expenses

from / / to / /

Amount claimed

Currency

11. Policyholder to complete

THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY

Date of incident / /

Time of incident

Location

Please explain how the incident happened and who or what you think was responsible

Was your pet on a lead? Yes No

Describe your pet's usual nature
