

Pet Claim Form – Veterinary Fees



This form must be completed by the Policy Holder and the Veterinary Surgeon
Return to: claims@agriapetinsure.ie or Post PO Box 911, Little Island, Cork T45 YR96

Policy Number

- Claims for Vet Fees (Please tick)
 Pre-Authorisation Request (Please tick)

Policy Holder to Complete

Policy Holder Name: _____ Pet's Name: _____
Address: _____ Pet age: _____ Gender: Male Female

Breed: _____
Telephone Number: _____ Date pet came into your possession: DD/MM/YY
Email: _____ Did you Adopt or Rescue your pet? Yes () No ()
Name of Rescue Centre: _____

*To be completed for the first claim only

Please list all Veterinary Practices that have treated your Pet since being in your possession. This includes routine care such as vaccinations.

For your first claim You must disclose all Veterinary practices your Pet has attended (for any reason) since being in your possession. Claims will not be reviewed without this information.

If this is your first claim, please provide a copy of the Breeder's vaccination card or adoption certificate (if applicable).

Veterinary Practice to Complete

Clinical Signs or Diagnosis of Condition being claimed for	Treatment Dates	Cost in €

What is the first visit date for this pet at your practice? DD/MM/YY

Please provide the first date when the Condition being claimed for first commenced. DD/MM/YY

Payee of Claim to Complete

Payment of Claim to be made to (Please Circle): **VET** Policy Holder

Bank details: Payment of the claim will be made by electronic funds transfer

IBAN

Please note if you are a direct debit customer, we will pay the claim into the bank account associated with the payment of your premium.

Veterinary Declaration

I confirm that the information provided above is correct and that all information held on file for this pet has been provided

Customer Declaration

I confirm that the information I have provided above is true and correct

Veterinary Signature: _____

Date: _____

Customer Signature: _____

Date: _____

Practice Stamp