

Claim Form – Veterinary Fees

This form must be completed by the Policy Holder and the Veterinary Surgeon



Policy Number

Policy Holder to complete

Policy Holder Name: _____	Horse Name: _____
Address: _____	
_____	Horse Gender (Circle Choice)
_____	<u>Stallion</u> <u>Mare</u> <u>Colt</u> <u>Filly</u> <u>Rig</u> <u>Gelding</u>
Telephone Number: _____	
Email: _____	

***To be completed for the first claim only**

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

For your first claim, you must send us a copy of your horse's passport. We will contact all Veterinary Practices your Horse has attended and request their clinical records.

Veterinary Practice to complete

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

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

For all claims, we require the corresponding clinical history for the claimed dates. If this is the first claim for this Horse with your Practice, please send us the Horse's full clinical history. If the customer is the payee of the claim, please send us a proof of payment showing the customer has paid for the treatment.

Payee of claim to complete

Payment of Claim to be made to (Please Circle) 1. Vet 2. 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

<p>Veterinary Declaration</p> <p>I confirm that the information provided above is correct and that all information held on file for this horse has been provided.</p>	<p>Veterinary Signature _____</p> <p>Date: _____</p>
<p>Customer Declaration</p> <p>I confirm that the information I have provided above is true and correct.</p>	<p>Customer Signature _____</p> <p>Date: _____</p>