

# Claim Form for Veterinary Fees, Death or Permanent Loss of Use

Please note Claims received that are incomplete or missing information will be returned to you and delay your claim.

Please send completed claim forms to: [equine-claims@allianz.co.uk](mailto:equine-claims@allianz.co.uk).

Are you completing this form for a:

New Condition

☐

Continue to complete the full form.

Continuation Condition

☐

Complete the shaded boxes only.

**We're happy to help!**

If you need any help completing this form, please visit [www.petplanequine.co.uk/my-petplan-equine/claims.asp](http://www.petplanequine.co.uk/my-petplan-equine/claims.asp)

## SUPPORTING DOCUMENTATION - you will need to submit the following documents with your claim form

### Veterinary Fees

☐ Full Veterinary History  
From every vet practice who has seen your horse for any illness, injury or routine treatment which has not been previously supplied to us.

☐ Invoice(s)

### Death

☐ Full Veterinary History  
From every vet practice who has seen your horse for any illness, injury or routine treatment which has not been previously supplied to us.

☐ Disposal receipt

☐ Post Mortem Report  
(only if we have advised this is required)

### Permanent Loss of Use

☐ Full Veterinary History  
From every vet practice who has seen your horse for any illness, injury or routine treatment which has not been previously supplied to us.

☐ Veterinary Report  
Confirming your horse cannot be used for its usual activities, the reasons why, and what they can be used for now.

### Continuation (Veterinary Fees)

☐ Invoice(s)

☐ Veterinary Notes  
for treatment being claimed

## 1. Policyholder to complete

### POLICY NUMBER

## 2. Policyholder to complete

### ABOUT YOU

Policyholder's Name

Email address

Mobile no.

Preferred telephone no.

Policyholder's Address

Postcode

Please tick here if this is a new and different address to the address on your Certificate of Insurance ☐

We may contact you about this claim and future claims by letter, text message or email, using the details on this form.

## 3. Policyholder to complete

### ABOUT YOUR HORSE

Stable Name

Registered Name

Stallion / Colt ☐ Gelding ☐ Mare ☐

Date of Birth / / Height

Breed Colour

Do you own or loan your horse?

Date you purchased or began loaning your horse? / /

Please confirm the name of your current vet practice.

Vet practice name

Are you claiming for dental treatment? Yes ☐ No ☐

If yes please confirm the dates of your horses last 2 dental checks prior to the start of this condition and provide copies of the dental charts from these dates.

Date / / Date / /

Please also list the name of every other vet practice your horse has been seen by for any illness, injury or routine treatment during your ownership. We will require copies of the veterinary history from each of these practices, unless previously supplied to us.

## 4. Policyholder to complete

### ABOUT YOUR CLAIM

Please read your certificate of insurance to check the sections of cover on your policy

What are you claiming for?

☐ **Veterinary Fees** Have you claimed for this condition before?

**NO** ☐ Continue to complete the claim form

**YES** ☐ Claim ref No:

☐ **Permanent Loss of Use**

☐ **Death** When was the horse put to sleep or when did they die?

Date / / Time am pm

☐ **Disposal** Please provide a copy of the disposal invoice

☐ **Remedial Farriery** If **YES** please confirm how much you were paying for your routine farriery prior to the start of this condition.

£ for shoeing/trimming of feet

Please give details of the condition you are claiming for including the first symptoms you noticed.

Please provide the exact date and time the first symptoms of the illness or injury were noticed.

Date / / Time am pm

When was the vet first called?

Date / / Time am pm

What activity was your horse doing when the illness began or the injury occurred?

What are the main activities you have used your horse for in the last 3 months

**WHO WOULD YOU LIKE US TO PAY** Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet.

**PLEASE COMPLETE ONE OF THE FOLLOWING AND COMPLETE POLICYHOLDER NAME AND DATE THIS SECTION**

**Pay the vet direct**

I/We have checked with the vet and would like this claim paid directly to them

Practice name

**Pay policyholder(s)**

**Direct Debit customers**

Claims payments will be paid into the bank account from which your premium is collected.  
Please ensure you have given us your email address in Section 2 to avoid delay in settlement.

By completing this form I authorise Petplan to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Petplan with all information relating to my horse. I also confirm I have checked the information given on this form and that it is correct to the best of my knowledge. I also agree that Petplan may contact my previous insurance company and obtain information that they require in order to process my claim.

Policyholder name

Date / /

## TO BE COMPLETED BY THE ATTENDING VET

IF THIS IS THE FIRST CLAIM FOR THIS HORSE, PLEASE SUBMIT A FULL VETERINARY HISTORY

**New Condition - complete ALL sections clearly and in full.**

**Continuation Condition - complete all shaded sections in full.**

Please note, if you are both the policyholder and veterinary staff, then another member of the practice should complete the sections below.

## 6. Vet to complete

## ABOUT ILLNESS OR INJURY

**Diagnosis of the illness or injury.**

If claiming for more than one illness or injury please provide the details of each condition being claimed.

*(Please give the symptoms if you have not yet made a diagnosis.)*

Has this horse been referred to you by another practice?

Yes ☐

No ☐

If **YES**, please provide the name of the practice and a copy of the referral report

Have you sent us a claim form for this illness or injury before?

Yes ☐

No ☐

If **YES**, please go to section 7

Please provide the date(s) the customer first contacted you regarding the condition(s) being claimed.

Date / / Date / /

Please provide the date the horse was first registered with your practice.

Date / /

Please ensure the full veterinary history from this date is submitted with the claim.

## 7. Vet to complete

## COMPLEMENTARY TREATMENT

Did you recommend any complementary treatment?

Yes ☐

No ☐

If **YES**, please detail the treatment recommended

## 8. Vet to complete

## TREATMENT DATES

First and last date of treatment being claimed for  
*(any invoices outside these dates will be rejected as non-endorsed)*

First / / Last / /

Please attach invoices including the dates, treatment and medication for the illness or injury.

If you are claiming for more than one condition please provide a clear breakdown of the invoice between each condition.

## 9. Vet to complete

## FOR DEATH CLAIMS ONLY

Did the horse die? ☐

Or was the horse euthanased? ☐

Please provide the exact date of death or euthanasia.

Date / /

If the horse was euthanased did the condition meet the guidelines set by BEVA for immediate destruction

Yes ☐

No ☐

**Please provide clinical notes, or a written report, confirming the reasons for euthanasia.**

Was a post mortem carried out?

Yes ☐

If **YES**, please provide a copy of the report on headed paper

No ☐

## 10. Vet to complete

## DECLARATION

for the vet or a person authorised by the vet to fill in and sign

- I have checked the information on this claim form and as far as I know it is correct
- The fees I have charged are no higher than my normal fees
- I will provide the client with a copy of this form and the invoices claimed for

Name

Position in practice

Petplan practice number

Email address

Date / /

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**INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER AND THIS WILL DELAY YOUR CLAIM**