

## Exotic Pet Claim Form - Veterinary Fees / Death

- Please include all required documentation, incomplete claims with missing information will be delayed and returned to you.
- Please send the completed claim forms including required documents to:  
**British Pet Insurance Services, 4 Bridge Road Business Park, Bridge Road, Haywards Heath, West Sussex RH16 1TX** or by email to [info@petcover.uk.com](mailto:info@petcover.uk.com)
- We may contact you about this claim and future claims by email, letter, or text message, using the contact details we have on file for you.
- Please complete the claim form fully, using a black or blue pen and block capitals.

Are you completing this form for a: ☐ New illness or injury (complete sections 1, 2, 3, 4, 6) ☐ Continuation illness or injury (complete shaded sections only) ☐ Death (complete sections 1, 2, 4, 5, 6)

### Section 1. Policyholder to complete

Policy number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Contact telephone number \_\_\_\_\_

Email address \_\_\_\_\_  
(required to process claim payments and claims correspondence will be emailed)

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Please tick here if this is different to the address on your Certificate of Insurance.  
Your policy records will be updated with these details.

### Section 2. Policyholder to complete

Pet's name \_\_\_\_\_

Species \_\_\_\_\_

Pet's Microchip or Ring number \_\_\_\_\_

Pet's hatch/birth date \_\_\_\_\_ DD / MM / YYYY

When did you take ownership of your pet? \_\_\_\_\_ DD / MM / YYYY

### Section 3. Policyholder to complete

Date you noticed your pet was unwell \_\_\_\_\_ DD / MM / YYYY  
(this date may be before you contacted your vet)

Please give details of the condition you are claiming for \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vet practice's name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

Please give details of all other vet practices that your pet has been registered with  
on a separate sheet if necessary.

Please provide separately any health information you have from the person, charity you obtained your pet from. If the claim is for treatment in an agreed country, please submit the booking invoice for your journey or any other official documents which show the dates of your journey.

### Section 4. Policyholder to complete

Did the illness or injury result in the death of your pet? ☐ Yes ☐ No

If Yes, date of death \_\_\_\_\_ DD / MM / YYYY

Would you like to claim up to £100 towards the costs involved in having  
your pet put to sleep? ☐ Yes ☐ No

### Section 5. Policyholder to complete

(This section is an optional extra and only applies if it is shown as covered on your Certificate of Insurance)

Would you like to claim for the purchase price or market value of your pet?

☐ Yes ☐ No If Yes, give details of cause of death or circumstances of injury:

Are you within your first 12 months of holding a policy with us?

☐ Yes ☐ No

Checklist to be enclosed:

• The original purchase receipt from when you bought your pet ☐

• Your Article 10 certificate or justification as to why this cannot ☐

be provided

\_\_\_\_\_

\_\_\_\_\_

### Section 6. Policyholder to complete

Who would you like us to pay? Please complete **one** of the following options:

☐ Pay policyholder(s) directly into your bank account:

Account holder name \_\_\_\_\_

Sort code

Bank account number

☐ Pay the vet direct

I/we have checked with the vet and we would like this claim paid directly to them.  
Vet practice must provide bank details overleaf.

By signing this form I authorise British Pet Insurance Services to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide British Pet Insurance Services with all information relating to my pet. I also confirm that I am the policyholder and I have checked the information given on this form and that it is correct to the best of my knowledge.

Your name \_\_\_\_\_

Please sign here 

Date \_\_\_\_\_ DD / MM / YYYY

Important - Vet to complete overleaf

Please ask **your vet** to complete these sections:

New illness or injury ☐  
(complete sections 7, 8, 10)

Continuation illness or injury ☐  
(complete **shaded** sections only)

Death ☐  
(complete sections 7, 8, 9, 10)

Section 7. Vet practice to complete

When was the pet first registered at your practice? DD / MM / YYYY  
If the pet was referred, please give their contact details below and submit a copy of the referral letter/report.  
  
Name of referring vet practice \_\_\_\_\_  
  
Address \_\_\_\_\_  
  
Telephone number \_\_\_\_\_

Was a house visit or out of hours treatment provided? ☐ Yes ☐ No  
  
If Yes, why? \_\_\_\_\_  
  
Is any part of this claim for dental treatment? ☐ Yes ☐ No  
If Yes, you must enclose a full clinical history over the last 2 years.  
If this is not attached this will delay the clients claim.  
  
Is any part of this claim for an MRI, NMRI, CT or CAT scan? ☐ Yes ☐ No  
  
If Yes, please detail type of scan and cost \_\_\_\_\_

Section 8. Vet practice to complete

Name of the illness or injury \_\_\_\_\_  
(if no diagnosis has been made please give clinical signs)  
  
Is this condition a continuation? ☐ Yes ☐ No  
Treatment dates: from DD / MM / YYYY to DD / MM / YYYY  
Did death or euthanasia result from this illness or injury? ☐ Yes ☐ No  
If Yes, date of death DD / MM / YYYY  
  
When did this illness or injury begin? DD / MM / YYYY  
(as noted on your records)

To your knowledge, has this pet been seen before for this illness or injury, any similar or related illness or injury or clinical sign(s)? ☐ Yes ☐ No  
  
If Yes, please provide the history with dates:  
  
DD / MM / YYYY  
  
DD / MM / YYYY  
  
Total amount claimed (incl VAT) **£** \_\_\_\_\_  
  
Checklist to be enclosed:  

- Itemised invoice ☐
- Full clinical history ☐

Section 9. Vet practice to complete

If the policyholder is claiming under **Section 5** of this claim form, please include one of the following:

- Death Certificate ☐
- Post-mortem report ☐  
(if within the first 12 months of cover or in the event of a sudden/unexplained death - see Section 5 of this claim form)

Section 10. Vet practice to complete

By signing this form, I confirm I have checked the information and it is all correct to the best of my knowledge.  
If the policyholder(s) have requested payment to be made direct to the vet (Section 6), provide the vet practice bank account details:  
  
Practice name \_\_\_\_\_  
Is your practice a specialist/referral practice? ☐ Yes ☐ No  
Account name \_\_\_\_\_  
  

Sort code

Bank account number

Name \_\_\_\_\_  
Position in practice \_\_\_\_\_  
Email address \_\_\_\_\_  

Vet stamp

Signature **X** \_\_\_\_\_ Date DD / MM / YYYY \_\_\_\_\_