

Claim Form

Vets fees

Need help?

Call our UK-based helpline if you need any assistance completing this form.

0870 379 9010

To be completed by the policyholder and veterinary surgeon

All sections must be fully completed and supporting documents supplied or we may not be able to proceed with your claim

1. Policyholder's details

About you

Name and address

Policy number

Policy start date _____
Daytime phone number _____
Email address _____
Mobile phone number _____

2. Policyholder to complete

About your dog

Dog's name _____
Dog's date of birth _____
Sex _____
Breed _____
Colour _____
Purchase date _____

Is your dog covered by any other insurance policy? Yes No

If Yes, please state the company name and policy number _____

Date illness / injury was first noticed _____

Please provide a brief description of illness / injury _____

Date of dog's last vaccination _____

If you are claiming under the Four Weeks Free Policy, please provide the name, address and telephone number of the breeder of your dog, and ask your veterinary surgeon to attach a full clinical history from the date when they have known your dog.

Breeder's name _____
Breeder's telephone number _____

Breeder's address _____
Postcode _____

3. Policyholder to complete

Payment details

For your convenience, claim payments will be made directly into the bank account from which we collect your insurance premium by direct debit. For payment into an alternative bank account, or if we do not collect the premium by direct debit but you would prefer the payment to be made directly into a bank account, please provide the details here. Claim payments will be made by cheque in all other circumstances.

Account holder's name _____

Sort code _____ Account number _____

Please tick here if payment should be made to the veterinary practice (with their consent) Yes

4. Policyholder to complete

Declaration

Please sign this declaration once your veterinary surgeon has completed the reverse of the form and you are satisfied all the information is correct to the best of your knowledge.

1. I declare that all details provided herein represent a true and accurate statement of the details appertaining to my claim and that I have not omitted any details pertinent to the circumstances of the claim.
2. I declare that where a claim involves a potential refund from other Insurers or a third party, I hereby authorise them to remit any refund to the Kennel Club Healthcare Plan.

3. I understand that in the event that this claim is found to be fraudulent in whole or in part, this will invalidate the policy and may render me liable to prosecution.

Please sign here _____

Print your name _____

Date _____

5. IMPORTANT

Please note

- Both sections of this form must be fully completed. If there is insufficient space, please use a separate sheet and include your policy number.
- **An itemised receipt or invoice must be enclosed.**
- For claims for the death benefit, please enclose the purchase receipt and where applicable a copy of the Pedigree Certificate.

- Please return this form after your veterinary surgeon has completed and signed the reverse, directly to the Kennel Club Healthcare Plan, 2b Alton House Office Park, Gatehouse Way, Aylesbury, Bucks, HP19 8XU, together with any supporting documentation.
- You should keep copies of all documentation sent, for future reference.
- Please check the Policy Booklet for full details of what is and isn't covered, and refer to the Policy Schedule for details of any endorsements specific to your dog.



Please check the Policy Terms and Conditions Booklet for full details of what is and isn't covered, and refer to the customer's Policy Schedule for details of any endorsements specific to the dog named on the front of this form.

6. Vet please note

AN ITEMISED RECEIPT OR ACCOUNT MUST BE ENCLOSED
For claims over £500 please include a clinical history

7. Vet to complete

Details of claim

7a.

How long has this dog been registered at the practice? _____

If this is a referral case please provide the name, address and telephone number of the referring practice and attach a copy of your report on the case.

Date from	Date to	Diagnosis	Treatment	Costs (£) (inc. VAT)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7b.

Has the dog received treatment for any of the above, or any related conditions previously? Yes No
(If Yes, please provide details and use a separate sheet if necessary quoting the policy number in the top right hand corner)

Is this a continuation claim? Yes No

7c.

Are any of the fees in respect of pre-operative blood tests? Yes No

If Yes, how much? £ _____

If Yes, were these essential in the interests of the dog's health? Yes No

Are any of the fees in respect of house visits / ambulance fees? Yes No

If Yes, how much? £ _____

If Yes, please advise whether the dog's health would have been seriously endangered if moved? Yes No

7d.

Are any of the fees for a prescription diet? Yes No

If Yes, please provide name of diet _____

Total cost of prescription diet £ _____

7e.

Does the claim include fees for any of the following treatments or therapies: herbal or homeopathic medicine, physiotherapy, osteopathy, chiropractic, hydrotherapy, acupuncture or behavioural? Yes No

If Yes, please answer the following questions.

What type of treatment or therapy has been provided?

Please confirm that this treatment or therapy was recommended by the treating veterinary surgeon Yes No

Please provide full details of the person or hydrotherapy pool where the dog was referred

Please provide the dates of treatment

Number of hydrotherapy sessions provided _____

Total cost of treatment / therapy £ _____

8. Vet to complete

Death

Has the dog died as a result of the illness / injury mentioned above? Yes No

If Yes, please provide date _____

Was a charge made for cremation / burial? Yes No

If Yes, how much? £ _____

9. Vet to complete

Declaration

Declaration by Veterinary Surgeon

I certify that, to the best of my knowledge all the information contained on this form is correct. In my professional opinion the condition treated would not have been present upon the start date of the policy. I also confirm that the fees charged are my normal practice fees relating to this matter.

Please sign here _____ Print your name _____ Date _____

Veterinary Practice Stamp:

THE POLICYHOLDER TO RETURN THIS FORM WITH THE APPROPRIATE SUPPORTING DOCUMENTATION TO:
The Kennel Club Healthcare Plan, 2b Alton House Office Park, Gatehouse Way, Aylesbury, Bucks HP19 8XU.
Claims Department: 0870 379 9010



THE KENNEL CLUB
HEALTHCARE PLAN