

Claim Form

Boarding fees and holiday cancellation

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 to complete

About you

Policy number

Name and address

Policy start date _____

Daytime phone number _____

Email address _____

Mobile phone number _____

2. Policyholder to complete

About your dog

Dog's name _____

Purchase date _____

Dog's date of birth _____

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

Sex _____

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

Breed _____

Colour _____

Date of dog's last vaccination _____

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 _____

4. Policyholder to complete

Declaration

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

Please refer to your Policy Terms and Conditions booklet for full details but please note the following:

Please ensure that you fully answer all the questions where relevant.

Boarding Fees or Daily Minding:

1. If a pet minder is to be employed, there must be no member of your immediate family available to be able to look after your dog. We must agree to the amount to be paid to the carer before they accept any responsibility unless emergency hospital treatment is required.
2. Please include with this claim form a medical certificate detailing your admission and discharge dates from the hospital and a receipt from the boarding kennels, or if a pet minder has been employed to care for your dog, written confirmation from the carer that the agreed sum has been received.

Holiday Cancellation or Early Return:

1. If you are claiming under Section 7b of the policy, the veterinary surgeon treating your dog will also be required to complete part of this form.
2. We will not pay any costs for anyone else who was on holiday with you unless they are an immediate family member.
3. We will only pay your claim if you cancel your holiday less than 7 days before you were due to leave or come home early because your vet believes your dog needs life-saving treatment or surgery.
4. We will not pay your claim if you booked your holiday less than 28 days before you were due to leave.
5. Please include with this claim form the receipts for the holiday including the booking invoice and the cancellation invoice, if the holiday was cancelled before you were due to travel.



6. Policyholder to complete**About your claim - Boarding Fees or Daily Minding**

1. Please state the reason for your stay in hospital _____
2. Please advise the date of your first consultation with any doctor for this illness / injury _____
3. Please confirm the dates that you were hospitalised
From _____ To _____
4. Dates that the dog was cared for
From _____ To _____
5. Cost per day _____
6. Name, address and telephone number of licensed boarding kennels / pet minder _____

7. Policyholder to complete**About your claim - Holiday Cancellation or Early Return**

1. Please advise the dates of your holiday and where you were travelling to
From _____ To _____
Destination _____
2. Please advise the date that you booked your holiday _____
3. Please advise the date that you cancelled your holiday _____
4. Please confirm the reason for the cancellation or curtailment of your holiday _____
5. Please supply full details of the costs you are claiming for _____
6. Please confirm the total amount claimed £ _____

Vet to complete

1. Diagnosis of illness / injury _____
2. Date that the dog was first treated _____
3. Details of treatment and / or surgery carried out _____
4. Date(s) of the emergency treatment and / or surgery _____
5. When did you inform your client that the dog would require emergency treatment and / or surgery? _____

6. Please confirm whether, in your professional opinion, the treatment and / or surgery required was 'life-saving'. Yes No

Veterinary Practice stamp

Veterinary surgeon's signature _____

Print your name _____ Date _____

Check list

- Medical certificate
- Receipt from the boarding kennels
- Pet minder's confirmation of sum paid
- Holiday invoice or receipts
- Holiday cancellation invoice

Once complete, please return this form together with any supporting documentation directly to:

The Kennel Club Healthcare Plan,
2b Alton House Office Park, Gatehouse Way,
Aylesbury, Bucks HP19 8XU

