

**Before filling in this form, please:**

- 1 Ensure that all claims are supported by fully itemised receipts or invoices and return to Every paw as soon as possible, to the address provided at the bottom of the back page.
- 2 Read your Policy and Certificate of Insurance to check that you are covered.

**POLICYHOLDER TO COMPLETE**      **YOUR DETAILS**

Policyholder Name	Name of Pet
Policy Number	Breed of Pet
Address	Pet's Date of Birth      /      /
	Mobile Number
	Email Address
Postcode	

**POLICYHOLDER TO COMPLETE**      **ABOUT YOUR PET**

When did you acquire your pet?      /      /	Has your pet been registered with any other veterinary practice?      Yes      No
When were you first aware of the symptoms/condition/injury?      /      /	(If YES, please provide the practice name and address and any other previous names or addresses your pet was registered under) Please attach additional Vet's details on a blank page.

Practice Name

Town

Postcode

Phone Number

Pet Name

Date registered      /      /

Practice Name

Town

Postcode

Phone Number

Pet Name

Date registered      /      /

**POLICYHOLDER TO COMPLETE**      **CLAIM PAYMENT DECLARATION & AUTHORITY**

I declare that my Veterinary Surgeon recommended the treatment for which the benefit is claimed and that the statements I have made are true. I agree that if they are found to be untrue, I will lose all my rights under the policy.

I understand that my personal information will be held on a computer for the purposes of administering this insurance, including carrying out customer surveys, claims handling and fraud prevention.

I agree that my Veterinary Surgeon may provide any information my insurer may require regarding past medical history, and the nature of the condition and its treatment and that you make payment as indicated below.

I also authorise you to discuss and share data on my claim with the practice, referral vet or any specialist who has provided treatment or services for my pet or any specialist who may assess the services provided.

Please select one option:

<p><b>PAY YOU DIRECTLY</b></p> <p>Select this option if you would like to the payment to be made to yourself. We will pay your claim directly into the bank account from which your premiums are collected, unless you provide an alternative account belonging to you in the section below:</p> <p>Signed (Policyholder)</p> <p>Name Printed</p>	<p><b>PAY YOUR VET DIRECTLY</b></p> <p>Select this option if your Veterinary Practice is happy for your claim to be paid directly to them. If you select this option, please request that your vet fills in the payment section on the next page.</p> <p>Account Number</p> <p>Name of Account Holders</p> <p>Date Signed      /      /</p> <p>Sort Code      -      -</p>
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**PLEASE NOTE:**  
We are unable to make payment via cheque

 **Please attach a copy of the pet's full clinical record and an invoice for the treatment being claimed.**  
(Including Histology Results, Referral Letters, Lab Results & any Out Of Hours)

### VETERINARY PRACTICE TO COMPLETE

### GENERAL INFORMATION

Name of Pet		Total amount of claim (Including VAT)	£
Breed of Pet		(If YES, please provide the practice name and address and any other previous names or addresses your pet was registered under) Please attach additional Vet's details on a blank page.	
Date pet first registered with practice?	/ /	Name of illness or injury	
Symptoms first noticed by owner	/ /		
When did the illness / injury begin?	/ /		
Treatment Dates for this claim	From / /		
	To / /		
Is this a continuation of a previous claim?	Yes	No	

### VETERINARY PRACTICE TO COMPLETE

### CLAIM FOR DEATH

Cost of euthanasia	£	State cause or suspected cause of death:	Illness	Accidental Injury
Cost of cremation	£	Cause of death		
Date of death	/ /			

### VETERINARY PRACTICE TO COMPLETE

### HOUSE CALLS AND OUT OF OFFICE HOURS

If you have charged for house calls, and or out of hours fees, were these essential for the pets health? Yes No

### VETERINARY PRACTICE TO COMPLETE

### CHARGES WITHIN YOUR INVOICE

Please attach the invoice and only complete this section if you have included these items in the total amount of the claim above:

Administrative Fees (to complete claim form)	£	Stem Cell Treatment	£
Clinical Diet Food	£	Vaccination Fees	£
Complementary Treatment	£	Dental Scale & Polish	£
Physiotherapy Treatment	£	Flea / Worm Treatment	£

### VETERINARY PRACTICE TO COMPLETE

### DECLARATION

I confirm that the information I have provided is a true and accurate reflection of the treatment given and that the fees charged are no higher than the normal practice fees. I also confirm that the treatment given was appropriate and reasonable for the pet's condition.

Signed	Veterinary Practice Email Address
Name Printed	Veterinary Practice Telephone Number
Position	Account Number
Date Signed / /	Sort Code - -

#### Practice Stamp

If unavailable please attached a signed compliment slip



Please Note: We are unable to make payment via cheque



#### REGISTER FOR PET PORTAL

Submit vet fee claims and track progress with our online hub.  
Visit: [Everypaw.com/pet-portal](http://Everypaw.com/pet-portal)



#### CALL 0344 543 1009

Lines are open:  
8:30am-6pm Monday - Friday  
Calls may be monitored & recorded



#### RETURN CLAIM FORM TO

Everypaw  
PO Box 7925, Bilston WV1 9TT  
Email: [claims@everypaw.com](mailto:claims@everypaw.com)