čverypaw pet healthcare	Veterinary Fees claim form Got a question? Call us on 03445 431 050 or email claims@everypaw.com
Returning this form It is important to make sure you have provided: ✓ A fully completed claim form ✓ Full clinical history ✓ Invoice FAILURE TO DO SO MAY RESULT IN YOUR CLAIM BEING DELAYED	 ✓ Signatures ✓ Practice stamp ✓ Signatures ✓ Practice stamp Ør return to: Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX
1 Policyholder Details	To be completed by the policyholder
Policy number	
Name	Occupation
Address	
Email address Image: Constraint of the second sec	In order to give you the best possible service, we will use your mobile number and/or e-mail address to send you updates on the progress of your claim. Please be assured neither will be used for any sales or marketing purposes, or passed to any other party without your specific consent. Should you NOT wish to be sent updates through either of these methods, please inform us.
2 Pet Details	To be completed by the policyholder
Pet name	Was your pet known by any other name?
Type of pet Dog Cat Rabbit Sex Male) Female
Pet date of birth	Microchip number
When did you acquire your pet?	What is the diagnosed condition (if known)?
Was your pet rescued? Ves If yes, please can you provide the rescue centre details	No When were you first aware of symptoms?
3 Current Vet Details 4 Previous	Vet Details To be completed by the policyholder
Current Previous vet name	Previous vet name
Postcode Postcode	Postcode
Vet tel Vet tel number	Vet tel number
	dress & postcode at that time Please give your address & postcode at that time
From	
То	Postcode Postcode
	er previous vets, please provide details on a separate sheet and attach securely to this claim form.
 5 Payment Details & Declaration I declare that my Veterinary Surgeon recommended the treatment for which the benefit is claim the statements I have made are true. I agree that if they are found to be untrue, I will lose all my the policy. I also authorise you to discuss my claim with the practice, referral vet or any specialist with the practice. 	rights under medical history, and the nature of the condition and its treatment and that you make payment as indicated below.
treatment or services for my pet.	insurance, including carrying out customer surveys, claims handling and fraud prevention.
Signed Print name	nplete. I agree that everypaw Pet Healthcare may liaise with any vet or other interested party in relation to my claim Date Date
A) Please pay me We will pay your claim into the bank account from premiums are collected. This is unless you ask us alternative account belonging to you:	
Account Number Sort Account Name	YOUR VET MUST PROVIDE THEIR FULL BANK ACCOUNT DETAILS please see section 7
INSURANCE FRAUD IS A CRIMINAL OFFENCE - W	E RESERVE THE RIGHT TO REFER CASES TO THE APPROPRIATE AUTHORITIES

Please be aware that any calls you make to us may be recorded for training and monitoring purposes. everypaw is a trading style of Pinnacle Insurance plc.

ASK YOUR VET TO	COMPLETE THIS PAGE
-----------------	--------------------

6 About the condition, illness, injury			To be complete	ed by veterinary practice/qualified professional
Date pet first registered with practice		When did t	ne illness or injury begin?	
Is this a continuation of a previous claim?	Yes	No		
Diagnosis of condition (If no diagnosis has been made	e, please give clinical signs)	Treatment	dates	From
Date symptoms first noted by owner	DD/MM/	(a) this illne (b) any sim	owledge has this pet previously been se ess or injury? ilar or related illness or injury? lar or related clinical signs?	een for: Yes No Yes No Yes No
IMPORTANT Please ensure	Administration Fees	Vaccination Fee	s Diet Food	O Dental Scale & Polish
you enclose an itemised invoice to support this claim and tick if the invoice includes:	 Flea/Worm Treatment Postage & Packaging 	 Pre-Operative B Blood Bank Dor 	_	O Buster Collar
House calls and out of hours services				
Did the above costs include charges for house calls, ambulance fees? Can you confirm, in your opinion, that moving the p		Yes No	Cost of out of hours	£
surgery hours would either endanger its life or sign	ificantly worsen the condition			
If a house call was made, please confirm why it was	necessary		Cost of house calls	£
Dental				
Is the claim for a dental or related condition?	2	Yes No	Cost of dental treatment	£
If YES, is this dental treatment a result of an accident	[?	() Yes () No		
Claim for Death Please select cause or suspected cause of death:	Illness	Accidental Injury	Cast of authorasia	s
If the pet was put to sleep, did you recommend this Please provide approximate cause of death	?	Yes No	Cost of euthanasia Cost of cremation	£
	Date of death	/ M M / Y Y	Total amount of claim including VAT	£
7 Declaration by Veterinary Practice			To be complete	ed by veterinary practice/qualified professional
I declare to the best of my knowledge and be would normally charge my clients.	elief, that all information prov	rided in this claim form	s true and complete. The fees I hav	ve charged are no more than the fees I

Name (CAPITAL LETTERS)	NAME OF SIGNATORY	Account Name NAME OF ACCOUNT		
Position in Practice	POSITION OF SIGNATORY	Sort Code Account Number		
Contact number	PRACTICE TELEPHONE NUMBER	Practice Stamp if stamp not available, please attach a signed compliment slip		
Signature	VETERINARY PRACTICE SIGN HERE	VETERINARY PRACTICE NAME AND ADDRESS EVIDENCE OF STAMP OR COMPLIMENT SLIP MUST BE PROVIDED TO VALIDATE THE CLAIM - COMPLIMENT SLIP MUST BE SIGNED		
Date				
Practice Email Address				

Please provide your sort code and account number for payment. If details are not provided we will pay our policyholder.

EP CF v4 - 15/8/2019