

# Claim Form

To be completed by the policyholder and veterinary surgeon

## Need help?

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

**0870 609 1689**

### Policyholder's details

### About you

### Policy number

Name and address

Policy start date

Period of insurance

Daytime telephone number

Email address

### 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

Date illness / injury / condition was first noticed

Please provide a brief description of illness / injury / condition

Date of dog's last vaccination

If you are claiming under the Six Weeks Free Policy, please provide the name, address and telephone number of the breeder of your dog.

Breeder's name

Breeder's telephone number

Breeder's address

Postcode

#### IMPORTANT - Please note:

- Both sections of this form must be 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, 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 for future reference, copies of all documentation sent.
- Please check the Policy Terms and Conditions booklet for full details of what is and isn't covered, and refer to the Certificate of Insurance or Renewal Certificate for details of any exclusion specific to your dog.

### 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 claim 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 name

Sort code

Account number

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

Yes

### 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

X

**IMPORTANT**

The Kennel Club Healthcare Plan does not cover the following veterinary treatment:

- Any pre-existing condition/illness/injury or one shown as excluded on the Certificate of Insurance or Renewal Certificate.
- Any illness or condition arising prior to or within 10 days of the inception date of the insurance.
- Preventative, elective treatments and routine examinations.
- Non-essential hospitalisation and/or house calls unless the vet declares that to move the dog would endanger its health.
- The cost of dentistry that is not related to an illness or injury.

Please check the Policy Terms and Conditions booklet for full details of what is and isn't covered, and refer to the Certificate of Insurance or Renewal Certificate for details of any exclusion specific to the dog named on the front of this form.

**Vet to complete**

**AN ITEMISED RECEIPT OR ACCOUNT MUST BE ENCLOSED**

For claims over £500 please include a clinical history

**Vet to complete**

**Details of claim**

How long has this dog been registered at the practice?

If 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.

From	To	Diagnosis	Treatment	Costs (£) (inc. VAT)

Has the dog received treatment for any of the above, or any related conditions before?  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

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 included fees in respect of house visits / ambulance fees?

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 for a prescription diet?  Yes  No

Name of diet		
No. of tins supplied	Cost per tin	£
No. of bags supplied	Cost per bag	£
No. of sachets supplied	Cost per sachet	£

**Vet to complete**

**Death**

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

Was a charge made for cremation/burial? If Yes, how much? £

**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 and that, in my opinion, the condition treated would not have been present upon the date of the inception of the policy. I also confirm that, in my opinion, the fees charged are my normal practice fees relating to this matter.

Please sign here

X

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 Help Line: 0870 609 1689