

# Claim Form For Veterinary Fees

## 1 About You - to be completed by policyholder(s)

Policyholders' Name Mr/Mrs/Ms \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

Your Pet Insurance Policy number: \_\_\_\_\_

*We will make cheques payable to the policyholder shown on your Schedule of insurance. If you have already agreed with your veterinary practice for us to pay them directly, please write the practice's name below.*

## 2 About: Your pet - to be completed by policyholder(s)

Your pet's name \_\_\_\_\_ Male  Female

Pedigree name (if this applies) \_\_\_\_\_

Breed \_\_\_\_\_ Dog  Cat

Veterinary surgeries where your pet has been registered before (If there is more than one, please use a separate piece of paper)

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Name of each illness or injury you are claiming for, and the date when you first noticed any signs.

1. \_\_\_\_\_ Date \_\_\_\_\_

2. \_\_\_\_\_ Date \_\_\_\_\_

If your pet has been injured, please use a separate sheet to tell us how it happened.

## 3 Policyholder Declaration - to be completed by policyholder(s)

### How we work out your payment

#### We will pay:

- We will pay the cost of any treatment received during the period of cover up to the maximum benefit.

#### We will not pay:

- The cost of treatment which your policy does not cover. Please see the "What we will not pay" sections of your Pet insurance policy.
- The portion of the claim you are liable for (the Excess).
- The treatment cost of any illness or injury which first happened or showed signs before your pet's cover started.
- The treatment cost of any illness or injury shown as excluded on your Schedule of insurance.

#### Important Points to Note:

- In the case of claims for referral vets please ensure that Allianz has received a claim form from the original treating vet.**
- Do not sign this claim form until it has been FULLY COMPLETED (including all dates and treatment costs) by the vet.**
- If we decide that we cannot pay some or all of your claim, you will have to pay your vet for any treatment we have not paid.**

Signature of Policyholder **X** \_\_\_\_\_ Date **X** \_\_\_\_\_

Signature of Joint Policyholder **X** \_\_\_\_\_ Date **X** \_\_\_\_\_

## 4 About the Illness or Injury - to be completed by the treating Vet

If the pet was referred to you, please give the name and address of the referring practice.

**If you do not have the information to give answers to all of the questions on this form, either ask the referring practice to send in the claim or ask them for the information.**

Is any part of the claim for dental treatment? Yes  No

Please give the dates of the last two annual dental checks (from the previous two years), Date \_\_\_\_\_  
 prior to the dental treatment being claimed for Date \_\_\_\_\_

Was any dental treatment necessary? Yes  No  If 'Yes', was it carried out at the time? Yes  No

Did you make house visits in connection with the treatment being claimed for? Yes  No

Why were the house visits necessary? \_\_\_\_\_

5 Case History - to be completed by the treating Vet



	Illness or Injury 1	Illness or Injury 2
(A) Name of the illness or injury, or state the clinical signs if you have not yet made a diagnosis	_____ _____	_____ _____
	If any illness, injury or clinical signs are related, please use a single column.	If any illness, injury or clinical signs are related, please use a single column.
(B) Has your practice sent us a claim for this illness or injury before?	Yes <input type="checkbox"/> go to section 6 <input type="checkbox"/> No or don't know <input type="checkbox"/>	Yes <input type="checkbox"/> go to section 6 <input type="checkbox"/> No or don't know <input type="checkbox"/>
(C) When was this pet first registered with your practice?	Date _____	Date _____
(D) When did this illness or injury first begin (as noted by you, by the client or on the pet's record)?	Date _____	Date _____
(E) If the pet has been seen or treated before please give the history and dates for:		
• this illness or injury	_____	_____
• any similar or related illness or injury;	_____	_____
or any similar or related clinical signs;	_____	_____
Is the illness or injury being claimed for related to this history?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

6 Treatment Fees - to be completed by the treating Vet

(A) First and last date of treatment being claimed for	First _____ Last _____	First _____ Last _____
(B) Fees we normally do not pay for	You don't need to fill in Sections 6(B) or 6(C) if you attach an invoice listing dates, treatment and medication for each illness or injury.	
Prescription diet food	€ _____	€ _____
Grooming and flea control	€ _____	€ _____
House visits	€ _____	€ _____
Routine dental checks	€ _____	€ _____
Vaccinations	€ _____	€ _____
Euthanasia	€ _____	€ _____
Postmortem	€ _____	€ _____
Cremation and disposal	€ _____	€ _____
Other (please give details)	€ _____	€ _____
(C) Fees we normally pay for	If the total fees are less than €200, please complete Section 6(C). If the total fees are greater than €200 you need to attach an invoice listing dates, treatment and medication for each illness or injury.	
Consultations	€ _____	€ _____
Hospitalisation	€ _____	€ _____
X-Rays	€ _____	€ _____
Tests and pathologies	€ _____	€ _____
General anaesthetic	€ _____	€ _____
Surgery	€ _____	€ _____
Medication	€ _____	€ _____
Other (please give details)	€ _____	€ _____
(D) Total fees	Always fill in this part	
VAT (if not already included)	€ _____	€ _____ This total should equal the amount you charged your client
Total including VAT	€ _____ + € _____	€ _____ = € _____

7 Vet Declaration

I have checked the information on this claim form and as far as I know it is correct. The fees I have charged are no higher than my normal fees.

Vet Signature  \_\_\_\_\_  
Date  \_\_\_\_\_

Practice stamp

Please return to: Allianz, Pet Insurance Claims, P.O. Box 48 48, Freepost, Dublin 4.  
This address may be used on any envelope. It's free and ensures delivery directly to our Claims Staff.  
Telephone: 1850 48 48 48 Fax: 01 660 9453

Allianz p.l.c. is regulated by the Financial Regulator. Registered in Ireland, No. 143108.