

Thank you for requesting a claim form.

To help us process your claim as quickly as possible, please complete the first page of the claim form in full and ask your vet or therapist to complete the second page. Please also send us the following information:

- Your pet's full medical history
- Fully itemised invoices
- Referral report (if applicable)

If your claim includes complementary or behavioural treatment:

- Confirmation from your vet that they have recommended the treatment

You can send us your claim form by email at [petGuardClaims@ncionline.co.uk](mailto:petGuardClaims@ncionline.co.uk), or by post to petGuard Pet Insurance, 4th Floor, Clarendon House, Victoria Avenue, Harrogate, HG1 1JD. For ease these addresses are on the top of the claim form.

We aim to process all claims as soon as possible after receiving your completed claim form and supporting information. If we need anything further, we will contact you. We may contact you by phone, letter, text or email about this claim or your policy, using the details you provide on this form.

Once your claim has been processed, we will tell you how much will be paid and if there have been any deductions. These may include your excess, costs not covered or any amount over your cover limit. If we are unable to consider any part of your claim, we will explain why.

If you have any questions or need help filling out the claim form, please email us at [petGuardClaims@ncionline.co.uk](mailto:petGuardClaims@ncionline.co.uk) or call us on **01423 447 365**.

### **In what capacity will we act?**

We will act as your agent when sourcing a policy and act as the agent of the insurer when we handle any claim you make.

If you do not wish for us to act as the agent of the insurer in assisting with the claim, please let us know and we shall immediately pass your claim to the insurer.

Kind regards

*Craig Lambert*

**Pet Manager**  
petGuard Pet Insurance

## Claim Form for Veterinary Fees

Policy number:

Claim ref:

### 1a – Policyholder details (to be completed by the customer)

Name

Address

Home phone no.

Mobile phone no.

Email address

### 1b – Details of your pet (to be completed by the customer)

Name

Pet type

Breed

Date of birth

D	D	M	M	Y	Y
---	---	---	---	---	---

Date of purchase

D	D	M	M	Y	Y
---	---	---	---	---	---

Preferred contact method

Mobile	<input type="checkbox"/>	Home phone	<input type="checkbox"/>
Email	<input type="checkbox"/>	Post	<input type="checkbox"/>

### 2 – Details of your pet's condition (to be completed by the customer)

#### Condition 1

Name of condition as advised by your vet

Date you first noticed your pet was injured or unwell

D	D	M	M	Y	Y
---	---	---	---	---	---

#### Condition 2

D	D	M	M	Y	Y
---	---	---	---	---	---

Veterinary surgeries where your pet has been registered before:

Practice name
Address
Postcode
Tel. no
Date last registered

Practice name
Address
Postcode
Tel. no
Date last registered

Practice name
Address
Postcode
Tel. no
Date last registered

### 3 – Customer declaration

I declare to the best of my knowledge and belief, the information I have given true and complete.  
I agree that petGuard may seek any information it requires from any veterinary practice.

Please tick one box:

Pay claim to me (policyholder)

Pay claim to my vet directly

Print name

Signature

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

**4 – Detail of the claim (to be completed by the veterinary practice)**

	Claim 1	Claim 2
<b>Name of the illness/injury</b> <i>(If no diagnosis has been made, please detail clinical signs)</i>	<input type="text"/>	<input type="text"/>
<b>Continuation claim</b> <i>(Have you previously completed a claim for this condition?)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>When did this condition begin?</b>	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
<b>Has the pet been treated for this condition or a similar/related condition before?</b> <i>(If yes, please provide a copy of the appropriate clinical history with dates etc.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Were any preventative treatments (e.g. flea/worming) used as treatment?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please give details</i>	<input type="text"/>	<input type="text"/>
<b>Were you required to make a house visit or provide out of hours treatment?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please explain why this was necessary.</i>	<input type="text"/>	<input type="text"/>
<b>Did the condition being claimed for result in the death or euthanasia of the pet?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Date of death</b>	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
<b>If the pet was put to sleep was this medically recommended?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Total amount claimed (inclusive of VAT)</b>	£ <input type="text"/>	£ <input type="text"/>

**\*\*\* For all new claims please include the pet's full medical history \*\*\***

<b>If the pet has been referred, please provide the details of the practice that referred the pet.</b>	Practice name <input type="text"/>	Tel. no. <input type="text"/>
	Address <input type="text"/>	Email <input type="text"/>
	Postcode <input type="text"/>	

**5 – Veterinary practice declaration (to be completed by veterinary practice)**

I declare that all the information I have given on this claim form is correct to the best of my knowledge and belief.

<b>Print name</b>	<input type="text"/>	<b>Vet practice stamp</b>	<input type="text"/>
<b>Position in practice</b>	<input type="text"/>		
<b>Signature</b>	<input type="text"/>	<b>Account name</b>	<input type="text"/>
<b>Date</b>	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y	<b>Sort code</b>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
<b>Date pet first registered at this practice</b>	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y	<b>Account number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>