

This Claim Form should be completed and returned to MORE TH>N, Freepost, SCE 8009, 35 Friday Street, Henley-On-Thames, Oxon RG9 1ZW

### A ABOUT YOU (THE POLICYHOLDER)

If your name or address has changed, please tick

NAME, ADDRESS AND POSTCODE

POLICY NUMBER

CONTACT DETAILS

Daytime tel

Evening tel

Mobile tel

Email

PLEASE NOTE that if any section of the form is not filled in, it may delay your claim – you MUST fill in sections A to E.

Please also read the following notes before submitting any claim and have your policy wording to hand for full details of terms, conditions and exclusions:

- All claims for veterinary treatment fees must be submitted within 30 days of First treatment
- For ongoing treatment you must submit ongoing claims every 3-6 months.

Your policy does NOT COVER in whole or as part of a claim:

- Any illness or injury that started before the policy start date
- Any illness that started within the first 14 days of the policy start date
- The excess specified in your policy schedule
- Food
- Flea treatment
- Worming treatment
- Vaccinations
- Dental treatment unless caused by injury.

### B ABOUT YOUR PET

Your pet's name

Cat

Dog

Male

Female

Breed

Date of birth

 /  / 

Has your pet been neutered/spayed?

Yes

No

What is the weight of your pet?

 kgs

Note: If you are not sure about any of the above information, please ask your vet to complete this for you.

### C ABOUT YOUR PET'S ILLNESS OR INJURY

#### ILLNESS OR INJURY 1

Name of illness or injury as advised by your vet

Please tell us when you first noticed your pet was injured or unwell

Date

#### ILLNESS OR INJURY 2

Date

### D YOUR PREVIOUS VETERINARY PRACTICES (Please tell us all of the vet(s) where your pet was previously registered)

Vet name
Address
Postcode
Phone number
Date: from                      to

Vet name
Address
Postcode
Phone number
Date: from                      to

Please tell us your address at that time, if it was different to the address in section A
Postcode

### E YOUR SIGNATURE Policyholder – (please complete one of the following boxes (a, b or c) to tell us who to pay)

Is payment to be made direct to you, your vet or someone else?

I declare, to the best of my knowledge and belief, that all the information provided in this form is true and complete. I agree that MORE TH>N may seek any information it requires from any vet.

**a** Please pay my claim direct to me

Printed name:

Policyholder's signature

Date    /    /

**b** Please pay my claim direct to my vet

Printed name:

Policyholder's signature

Date    /    /

**c** Please pay my claim to the person named below.

Printed name:

Policyholder's signature

Date    /    /

Please note: if we decide we cannot pay some or all of your claim, it is your responsibility to pay your vet.

**F YOUR VET MUST FILL IN THIS SECTION ABOUT EACH ILLNESS OR INJURY**

Please advise the date this pet was registered at your practice.

Date  /  /

If this pet was referred to you, please advise the name and address of the registered vet.

Postcode

Does the claim include out of hours charges? Yes  No  If yes, please explain why the out of hours treatment was necessary.

Did any illness or injury being claimed result in the death or euthanasia of the pet? Yes  No  If yes, please advise the illness or injury.

Date of death  /  /

If a home visit was made, was it because it would have endangered the pet's health to move it?

Yes  No  If no, please advise the reason for the home visit.

**ILLNESS/INJURY 1**

**ILLNESS/INJURY 2**

What are the main clinical signs of each illness or injury?

What is the diagnosis of each illness or injury?

Have you filled in a claim form for this illness or injury before?

Yes  No  Don't know

Yes  No  Don't know

If yes, please tell us the treatment dates for this claim.

From  /  /  To  /  /

From  /  /  To  /  /

Treatment dates from the previous claim.

From  /  /  To  /  /

From  /  /  To  /  /

**IF THIS IS A NEW CLAIM, PLEASE COMPLETE THE FOLLOWING**

Please tell us the date or the number of days before the first date of treatment, that the clinical signs were first noticed.

Days  Date  /  /

Days  Date  /  /

Has this pet had this illness or injury before, or this illness or injury anywhere else in or on its body before?

Yes  No

Yes  No

Has this pet had any related illness or injury before, or any related illness or injury anywhere else in or on its body before?

Yes  No

Yes  No

Has this pet had these clinical signs before, or any related clinical signs anywhere else in or on its body before?

Yes  No

Yes  No

Has this pet had any related clinical signs before, or any related clinical signs anywhere else in or on its body before?

Yes  No

Yes  No

If you answer 'yes' to any of the previous four questions we will need the medical history to show the dates and full details.

**G THE ATTENDING VET OR A PERSON AUTHORISED BY THE VET MUST FILL IN AND SIGN THIS SECTION**

Please advise the cost of treatment incl. VAT.  £

£

I declare, to the best of my knowledge and belief, that all information provided in this claim form is true and complete. The fees I have charged are no more than the fees I would normally charge my clients.

Printed name:

Signature

Date

Practice Stamp

Please note that the Veterinary Surgeon does not have to be an appointed representative of MORE TH>N Pet Insurance in order to fill in this section of the claim form for you because it is not a regulated activity under FSA regulations.

**IMPORTANT: Please ensure that a dated and itemised breakdown of all treatment costs is attached to the claim form before you send it to us. This can be either an itemised computer printout or an itemised invoice which must state fees for consultations, prescription charges, hospitalisation, X-rays, tests/pathologies, general anaesthetic, surgery, medication and any other fees charged. The Veterinary Surgeon must apportion costs clearly for each illness or injury on the itemised breakdown.**