



Claim Form for Boarding Fees (Hospitalisation)

For official use only

Please make sure this claim form is completed clearly and in full to ensure the correct assessment of your claim. Please complete a separate form for each pet.
Please complete using a black pen and block capitals.

We're happy to help!
If you have any questions call us on
0345 070 3422

1. Policyholder to complete

POLICY NUMBER

2. Policyholder to complete

ABOUT YOU

Policyholder's name _____

Daytime telephone no _____

Email address _____

Policyholder's address _____

Postcode _____

Please tick here if this is different to the address on your Certificate of Insurance

3. Policyholder to complete

ABOUT YOUR PET

Pet's name _____

Pedigree name _____

Is your pet a Dog Cat

Breed _____

Pet's date of birth / / Male Female

Is your pet insured with any other company? Yes No

If Yes, please state which company _____

4. Policyholder to complete

PAYEE DETAILS

Cheques will be automatically made payable to the policyholder named on your Certificate of Insurance.

I confirm that I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief

Please sign here

5. Policyholder's general practitioner/hospital physician/surgeon to complete

If this is not filled in your claim will be delayed

Patient's name Mr/Mrs/Ms _____

G.P. practice name and address _____

Postcode _____

Telephone no (incl. STD) _____

Name and address of admitting hospital _____

Postcode _____

Date of the first visit to any doctor for this condition / /

Date of hospitalisation from / / to / /

Medical condition requiring hospital treatment _____

I confirm that to the best of my knowledge the statements are true in every respect.

Signature(s) of G.P./hospital physician/surgeon (please delete as applicable)

Date / /

6. Boarding kennel proprietor/home carer to complete

Please attach receipts from kennels/home carer

Pet looked after by; Kennels Receipt attached

Home carer Written confirmation of payment from home carer attached

Owner's name Mr/Mrs/Ms _____

Name of kennel/home carer _____

Postcode _____

Telephone no (incl. STD) _____

Date of boarding/home care from / / to / /

Boarding fees per day £ -

Total fees £ -

I confirm that to the best of my knowledge the statements are true in every respect.

Signature(s) of boarding kennel proprietor/home carer (please delete as applicable)

Date / /

IMPORTANT NOTES

- The insurance is underwritten and administered by Allianz Insurance plc.
- Please use a separate claim form for each pet.

- Please send completed forms, including copies of all receipts to:
Pet ID Insurance, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

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INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER