

This Claim Form should be completed and returned to  
M&S Pet Insurance, Freepost RSKZ-LTHJ-TZEG, PO Box 15768,  
Birmingham, B2 2NZ

## A ABOUT YOU (THE POLICYHOLDER)

NAME, ADDRESS AND POSTCODE

CONTACT DETAILS

Daytime tel

Evening tel

Mobile tel

POLICY NUMBER

Email

## B ABOUT YOUR PET

Your pet's name

Cat  Male

Dog  Female

Breed

Date of birth / /

What is the weight of your pet?  Kgs

Has your pet been neutered/spayed? Yes  No

If you need help answering these questions please ask your vet

## C ABOUT YOUR PET'S ILLNESS OR INJURY

### ILLNESS OR INJURY 1

Name of illness or injury  
as advised by your vet

### ILLNESS OR INJURY 2

Please tell us when you first  
noticed your pet was unwell  
or injured, that led you to  
make an appointment with  
your vet.

Date & Time

Date & Time

If your claim includes any out of hours costs, please tell us the date that you  
contacted our M&S Vetfone service.

Date

If you are claiming for travel expenses, please tell us

Date(s) of journey(s)

Number of miles for each journey

Was your pet under your care at the time of the  
illness/injury/incident?

Yes   
No

If no, was your pet under the care of an authorised  
Third Party?

Yes   
No

## D YOUR PREVIOUS VETERINARY PRACTICES (Please tell us **all** 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)

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 M&S Pet Insurance may seek any information it requires from any vet. I accept that the information provided may be released to other companies who provide a service to us or you in connection with managing and handling claims.

**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

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:

All claims for veterinary treatment fees must be submitted within 30 days of first treatment.

If claiming for a new illness or injury, please ensure the full medical history is attached to the claim form.

For ongoing treatment you must submit ongoing claims every 3-6 months.

Your policy does **not** cover treatment if a claim has not been made within 12 months of your pets first treatment.

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
- Flea treatment
- Worming treatment (excluding Section 10 – Repeat tick and worming treatment)
- Vaccinations

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

(We only accept claim forms from veterinary practices)

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

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 / /

Does any part of this claim include costs for prescription food to diagnose the illness?

Yes  No

If yes, please tell us: The date first prescribed

The date of diagnosis

/ /

The amount

£

Length of food trial to diagnose

If any part of this claim is for dental treatment, please tell us the date of the dental check, at which the illness being claimed for was first noticed.

Date / /

Please tell us the date before this latest dental check that the pet had its teeth checked, and if a treatment was recommended at this check up was this carried out?

Date / /

Please advise any cost for scale & polish separately

The amount

£

Treatment recommended

Yes  No

Treatment was carried out

Yes  No

If a house call was made, please tell us why this was necessary.

If the pet was seen out of normal surgery hours, do you consider that the treatment could have waited until normal surgery hours?

Yes  No

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

**ILLNESS OR INJURY 1**

**ILLNESS OR INJURY 2**

What is the diagnosis of each illness or injury?

Please tell us the treatment dates for this claim

From / / To / /

From / / To / /

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, treatment dates from the previous claim

From / / To / /

From / / To / /

**IF THIS IS A NEW CLAIM, PLEASE COMPLETE THE FOLLOWING QUESTIONS AND FORWARD THE FULL MEDICAL HISTORY**

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, injury or clinical signs before, or this illness, injury or clinical signs anywhere else in or on its body before?

Yes  No

Yes  No

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

**N.B. If the claim involves complementary treatment the claim form must be filled in by a vet and not the complementary treatment professional**

**ILLNESS/INJURY 1**

**ILLNESS/INJURY 2**

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.

Veterinary Surgeon's Signature:

Date:

Printed Name:

Email address of the Veterinary Practice:

Practice Stamp

Postcode:

Please note that the Veterinary Surgeon does not have to be an appointed representative of M&S 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 consultation, prescription charge, 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.**



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