



Claim Form for Boarding Fees

Policy number:

Claim ref:

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

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Home phone no.	<input type="text"/>
Mobile phone no.	<input type="text"/>
E-mail address	<input type="text"/>

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

Name	<input type="text"/>
Species	<input type="text"/>
Breed	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of purchase	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2a – Details of hospitalisation (to be completed by the patient's GP/ hospital practitioner/surgeon)

Patient's GP details	Name <input type="text"/>	Date of first visit to any doctor for this condition	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Address <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Details of admitting hospital	Postcode <input type="text"/>	Condition requiring hospitalisation	<input type="text"/>	
	Name <input type="text"/>		Dates patient hospitalised	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Address <input type="text"/>			To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode <input type="text"/>				

2b – Declaration from patient's GP/hospital practitioner/surgeon

I declare to the best of my knowledge and belief, the information I have given is true and complete.

Your name <input type="text"/>	Signature <input type="text"/>
-----------------------------------	-----------------------------------

Date

3a – Details of carer (kennel/cattery/rabbit hotel proprietor or home carer to complete)

Details of
kennel/cattery/rabbit
hotel/home carer

Name
Address
Postcode

Dates pet in
boarding/home care

From	D	D	M	M	Y	Y
To	D	D	M	M	Y	Y

Daily boarding cost

£	
---	--

Total being claimed

£	
---	--

Invoice enclosed

<input type="checkbox"/>

3b – Declaration from boarding proprietor/home carer

I declare to the best of my knowledge and belief, the information I have given is true and complete.

Your name

Signature

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



To help us process your claim as quickly as possible, please ensure that your Doctor completes the claim form in full and attaches the following information:

- Invoices from the Cattery/ Kennel/ Rabbit Hotel or a signed statement from the appointed person who has cared for your pet.

Claim forms can be submitted to us by emailing petclaims@4Paws.co.uk, or by post to: The Claims Department, 4Paws Pet Insurance, 4th Floor, Clarendon House, Victoria Avenue, Harrogate, HG1 1JD.

We aim to process your claim as soon as possible following the receipt of your completed claim form and any supporting information. If we need additional information to process your claim, we will contact you to advise what we need. We may contact you about this claim, or in future to help us administer your policy, using the contact details provided on this form by phone, letter, SMS or email.

As soon as your claim has been assessed, we will advise you how much will be settled and what deductions, if any, have been made. These may include your excess, anything not covered under your policy and any amount over your cover limit. If we are unable to help you with any part of your claim, we will contact you to explain why.

Should you have any queries or difficulties when filling out your claim form please email us at petclaims@4Paws.co.uk or call us on **01423 535 040** Monday to Friday 8am until 6pm and Saturdays 10am until 6pm.

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.