



Pre-Authorisation Form for Veterinary Fees

Policy number:	<input type="text"/>
Claim ref:	<input type="text"/>

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

Name	<input type="text"/>
Address	<input type="text"/> <small>Address</small>
	<input type="text"/> <small>Postcode</small>
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"/>

2 – Details of your pet’s illness or injury (to be completed by the policyholder)

Name of illness/injury as advised by your vet

Please provide the date you first noticed your pet was injured or unwell

Veterinary surgeries where your pet has been registered before

Practice name	Practice name	Practice name
Address	Address	Address
Postcode	Postcode	Postcode
Tel. no	Tel. no	Tel. no
Date last registered	Date last registered	Date last registered

3 – Policyholder declaration

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

I agree that 4Paws may seek any information it requires from any veterinary practice.

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

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

Name of the illness/injury (If no diagnosis had been made please give clinical signs)

When did this injury/illness begin?

D	D	M	M	Y	Y
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Proposed treatment dates

From

D	D	M	M	Y	Y
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to

D	D	M	M	Y	Y
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Has the pet been treated for this illness/injury or a similar/related condition before? (If yes please provide a copy of the appropriate clinical

Yes

No

Estimate of costs (inclusive of VAT)

£

*** Please include 3 years medical history ***

If this pet has been referred, please give the name, address and telephone number of the practice which referred the pet.

Practice name
Address
Postcode
Tel. no
Date first registered

5 – Veterinary declaration (to be completed by a registered veterinary practitioner/nurse)

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

Name

Vet stamp

Position

Signature

Signature

Date

D	D	M	M	Y	Y
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To help us process your claim as quickly as possible, please ensure that you complete the claim form in full and attach the following information:

- Past 3 year's medical history (or full history, if your pet is less than 3 year's old)
- Fully itemised invoices

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.