

Thank you for choosing to download your claim form online.

To prevent any delay in processing your claim, please ensure:

1. You and your vet fully complete the claim form.
2. You sign the claim form. We cannot accept claim forms unless they are signed by the policyholder.
3. Your vet signs the claim form as we do not accept claim forms signed by someone else who may have treated your pet.
4. You provide an itemised invoice or receipt for the treatment you are claiming for.
5. Your usual vet provides your pet's clinical history, where required, even if your pet has been referred to a different vet.
6. Please keep copies of all documents you send us for future reference.

Please use the checklist over the page to ensure you haven't forgotten anything and then send your claim form and the necessary information to:

**PDSA Pet Claims Department  
BDML Connect Ltd  
1000 Lakeside North Harbour  
Western Road  
Portsmouth  
PO6 3EN**

When we receive your claim form we aim to process it within five working days. This means you will normally hear from us within two weeks from the date you post your claim form. We will tell you how much we will pay you, how much you have to pay towards the cost of treatment (your excess) and if we cannot help you with all or part of your claim we will explain why. If more information is needed to process your claim we will tell you what it is and how to get it.

Please note: As stated in your policy wording, Veterinary Fees Cover, "We will pay you for all reasonable costs and customary charges made for treatment carried out by a vet". To help you extend the lifespan of your policy limit and to enable us to mitigate any future premium increases, any costs deemed unreasonable will be settled at a reduced rate.

Should you have any queries or have any problems filling in your claim form, please contact our claims team on **0844 335 1137**. We are available Monday to Friday 8am to 6pm and Saturdays 9am to 2pm and will be happy to help.

## CLAIM FORM CHECKLIST

**(Please use the checklist below to ensure we can process your claim as quickly as possible and to avoid any delays)**

- Have you fully completed Section 1?
- Have you signed the declaration box?
- Has your vet fully completed Section 2?
- Has your vet signed and stamped the form?
- Have you attached a fully itemised invoice to show the costs of your pet's treatment, drugs and procedure?
- Have you attached a 12-month clinical history (unless your pet is under 12 months old, in which case we require a full history)
- Have you kept a copy of all documents for your own records?

Vet Fees Claim Form

Section 1: This section must be completed by the policyholder

Title  
 Surname  
 Forename  
 Home address  
  
 Post code  
 Home Tel number  
 Mobile Tel number  
 Email address:

Policy no.  
 Level of cover  
 Original start date  
 Policy dates From: / / To: / /  
 Pet's name  
 Pet type (Dog/Cat)  
 Breed  
 Age of pet  
 Pet's gender  
 Reference number

What illness, injury or behavioural disorder are you claiming the cost of treatment for?

2 When did you first notice your pet was injured, unwell or acting strangely? / /

Please tell us the vet(s) where your pet has been registered previously to your current vet

Practice name  Address	Practice name  Address	Please tell us your address at these vets if it was not your current address
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If you are claiming for the cost of Prescription Diet food please tell us the daily cost of the food your pet normally eats? £ per day

I declare that I am the policyholder and all the details my vet and I have given are true, accurate and complete. I understand that if the information is not true, accurate or complete my claim may not be paid and my insurance may be cancelled or void. I give my authorisation for my current and previous vets to release any information about my pet.

Please note:  
 All claims are assessed individually and any costs deemed unreasonable may be settled at a reduced rate. We require at least a 12-month clinical history for all new claims (unless your pet is a puppy or kitten, when we require a full history)

Please sign one of the boxes below to confirm you agree with the declaration and to tell us who to pay.

Please pay me  Signature:	Please pay my vet directly  Signature:	Please pay:  Signature:
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If you want to claim for the purchase price or value of your pet, please tell us the amount you originally paid and attach your purchase receipt. (If you do not have a purchase receipt, we will consider your claim in line with your policy wording)

Amount paid £ Purchase receipt attached: Yes  No

**Section 2: This section must be completed by your vet** *Please use a separate form for each illness/injury*

What is the illness or injury and the area of the body affected or the behavioural disorder

How long before you first saw the pet for this illness or injury did the owner say the pet was showing clinical signs?

Number of days: or date first signs noticed:

Treatment dates claimed? From

To

Has the pet died as a result of an illness or injury being claimed?  
*If yes please tell us the date.*

Yes

No

Have you filled in a form for this illness, injury or behavioural disorder before?  
*If yes please tell us the name of the illness or injury you put on the previous form and go to question 9*

Yes

No

Has the pet had the illness or injury or a related illness or injury anywhere in or on its body before?

Yes

No

What are the main clinical signs of the illness, injury or behavioural disorder?

Has the pet had the same clinical signs or any related clinical signs anywhere in or on its body before?

Yes

No

If this pet was referred to you please tell us the name and address of the regular practice.

Please tell us the date the pet was first registered at your practice or the regular Practice. (If you are a referral practice you will need to obtain this date from the regular practice)

If a home visit was made, was it because it would have endangered the pet's health to move it? *If no please explain on a separate sheet why the visit was made?*

Yes

No

If the treatment includes prescription food, please tell us the dates it has been prescribed for and the daily cost.

From

To

Approx. daily cost

£

If the claim involves dental or gum treatment was this caused by an injury?

Yes

No

If the claim involves Physiotherapy, Osteopathy, Hydrotherapy or Chiropractic manipulation, how many sessions did you recommend?

Total cost of the treatment claimed

£

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I declare to the best of my knowledge, that all the information I have given is correct and accurate and the fees I have charged are no more than the fees I normally charge all my clients.

Veterinary Surgeon's signature:

Date: / /

Practice stamp