

# 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"/> <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"/>

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

Patient's GP details	<input type="text"/> <small>Name</small>	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"/>
	<input type="text"/> <small>Address</small>		
	<input type="text"/> <small>Postcode</small>		
	<input type="text"/> <small>Phone number</small>		
Details of admitting hospital	<input type="text"/> <small>Name</small>	Condition requiring hospitalisation	<input type="text"/>
	<input type="text"/> <small>Address</small>		
	<input type="text"/> <small>Postcode</small>	Dates patient hospitalised	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <small>Phone number</small>		To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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.

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

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

Details of kennel/cattery/rabbit hotel/home carer	<input type="text"/> <small>Name</small>	Dates pet in boarding/home care	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <small>Address</small>		To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <small>Postcode</small>	Daily boarding cost	£ <input type="text"/>
	<input type="text"/> <small>Phone number</small>	Total being claimed	£ <input type="text"/>
		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.

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