

Pre-Authorisation Form for Veterinary Fees

Policy number:

Claim ref:

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

Name	<input type="text"/>
Address	<input type="text"/> Address <input type="text"/> Postcode
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 Address Postcode Tel. no Date last registered	Practice name Address Postcode Tel. no Date last registered	Practice name Address Postcode Tel. no Date last registered
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3 – Policyholder declaration

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

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

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

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 history with dates etc.)

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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