

**Veterinary Practice to complete**      **About the Policyholder**

Policyholder Name

Policy Number

Address

Postcode

Name of Pet

Breed of Pet

Pet's Date of Birth        /   /

Mobile Number

Email Address

**!** Please Note: Attach a copy of the pet's full clinical record and an itemised estimate for the treatment.

**Veterinary Practice to complete**      **Veterinary Fees**

Date symptoms first noted by owner  
  /   /

Estimated gross cost of treatment  
(Including VAT)  
 £

To your knowledge has this pet been previously seen for:

a) This illness or injury?  
 Yes  No

b) Any similar or related illness or injury?  
 Yes  No

c) Any similar or related clinical signs?  
 Yes  No

d) Is this a claim for dental illness / injury or related condition?  
 Yes  No

If yes, has any advice regarding dental treatment / care previously been given?  
 Yes  No

Please provide details of diagnosis, if any, and proposed treatment: (If your diagnosis is not complete please advise)

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**Veterinary Practice to complete**      **Declaration**

I confirm that the information I have provided is a true and accurate reflection of the treatment given and that the fees charged are no higher than the normal practice fees. I also confirm that the treatment given was appropriate and reasonable for the pet's condition.

Signed       Name Printed       Date Signed   /   /

Position

Veterinary Practice Name       Veterinary Practice Email Address

Veterinary Practice Telephone Number       Veterinary Practice Postcode

**Making a claim is easy on the Pet Portal**  
 Register on the portal to submit claims and track progress  
 Visit: [petportal.petprotect.co.uk](http://petportal.petprotect.co.uk)

**Return Claim Form to:**  
 Email: [claims@petprotect.co.uk](mailto:claims@petprotect.co.uk)  
 Pet Protect, Pinnacle House, A1 Barnet Way,  
 Borehamwood, Hertfordshire WD6 2XX