

Sainsbury's Bank

Veterinary Fees Claim Form

City Plaza, Temple Row, Birmingham, B2 5AB

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|-----------------|----------------------|--------------------------------|----------------------------------|
| Name: | <input type="text"/> | Pet's name: | <input type="text"/> |
| Address: | <input type="text"/> | Breed: | <input type="text"/> |
| | | Dog: <input type="checkbox"/> | Cat: <input type="checkbox"/> |
| | | Male: <input type="checkbox"/> | Female: <input type="checkbox"/> |
| Daytime tel no: | <input type="text"/> | Policy no: | <input type="text"/> |

If you have any questions about your claim or completing the form please call 0800 445 444

- Please read your policy terms and conditions carefully before filling in this form.
- Sections 3), 4) and 5) must be completed by the attending veterinary practice.
- If you are claiming for complementary treatment the claim form and the invoices must be countersigned by your vet.
- You are responsible for paying the vet for the following:
 - a) your contribution "the excess" for each condition
 - b) any treatment excluded in the policy Terms and Conditions or on your Schedule of Insurance
 - c) any administration charges
 - d) any amount above the maximum benefit paid

1. To be completed by the policyholder

If your pet has been registered at another practice, other than the current attending practice, during the last 3 years, please give details below .

| | | |
|------------------------|----------------------|----------------------------|
| Previous vets name: | <input type="text"/> | |
| Previous vets address: | <input type="text"/> | From: <input type="text"/> |
| | | To: <input type="text"/> |
| Telephone no: | <input type="text"/> | |

The name of each illness or accident you are claiming for and the date you first noticed signs or symptoms:

| | | |
|----|----------------------|----------------------------|
| 1) | <input type="text"/> | Date: <input type="text"/> |
| 2) | <input type="text"/> | Date: <input type="text"/> |

To whom should the claim be paid? To yourself Direct to the veterinary surgeon

2. Declaration - to be completed by the policyholder

I declare that the details given are correct to the best of my knowledge and agree that any vet who has treated my pet may provide any information the company may require to process my claim. I confirm that payment is to be made as indicated above.

| | |
|---------------------------------|----------------------------|
| Signature: <input type="text"/> | Date: <input type="text"/> |
|---------------------------------|----------------------------|

3. Case History - to be completed by the veterinary practice

| | First condition claim details | Second condition claim details |
|---|---|---|
| Date first registered: | <input type="text" value="/ /"/> | |
| Date of treatment: | From <input type="text" value="/ /"/> To <input type="text" value="/ /"/> | From <input type="text" value="/ /"/> To <input type="text" value="/ /"/> |
| Diagnosis: | <input type="text"/> | <input type="text"/> |
| Treatment details: | <input type="text"/> | <input type="text"/> |
| If the pet has been seen for a similar or related condition previously please give details: | <input type="text"/> | <input type="text"/> |
| Have you claimed for this condition for this pet before? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

4. Veterinary Fees - to be completed by the veterinary practice

Please attach an itemised invoice listing dates, treatments and medication, for each illness or injury you are claiming for.

| | | |
|--|--|--|
| Total cost of treatment: | £ <input type="text"/> | £ <input type="text"/> |
| If house visits are included would moving the pet have damaged its health? | Yes <input type="checkbox"/> No <input type="checkbox"/> Cost £ <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> Cost £ <input type="text"/> |
| Are cremation costs included? | Yes <input type="checkbox"/> No <input type="checkbox"/> Cost £ <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> Cost £ <input type="text"/> |

5. Declaration - to be completed by your vet or the person authorised by the vet

| | | |
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| <ul style="list-style-type: none"> I have completed this claim form. As far as I know the information is correct. The fees charged are no higher than the normal practice fees. | Signature: <input type="text"/> | Practice name, address and telephone no: <input type="text"/> |
| | Name: <input type="text"/> | |
| | Date: <input type="text" value="/ /"/> | |
| | | Fax No: <input type="text"/> |