



Claim Form for Boarding Fees (Hospitalisation)

Please make sure this claim form is completed clearly and in full to ensure the correct assessment of your claim. Please complete a separate form for each pet.

We're happy to help!
If you have any questions call us on
0345 075 4583

Co-op Insurance,
Great West House (GW2),
Great West Road,
Brentford, Middlesex
TW8 9DX

Please complete using a black pen and block capitals.

1. Policy Number Policyholder to complete

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2. About You Policyholder to complete

Policyholder's name _____
Daytime telephone no _____
Email address _____

Policyholder's address _____

Postcode _____

Please tick here if this is different to the address on your Certificate of Insurance

3. About your pet Policyholder to complete

Pet's name _____
Pedigree name _____
Breed _____
Is your pet a Dog Cat

Pet's date of birth / / Male Female
Is your pet insured with any other company Yes No
If Yes, please state which company _____

4. Payee details Policyholder to complete

Cheques will be automatically made payable to the policyholder named on your Certificate of Insurance.
I confirm that I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief.

Please sign here

5. If this is not filled in your claim will be delayed Policyholder's general practitioner/hospital physician/surgeon to complete

Patient's name Mr/Mrs/Ms _____
G.P. practice name and address _____

Postcode _____
Telephone no (incl. STD) _____
Name and address of admitting hospital _____

Postcode _____

Date of the first visit to any doctor for this condition / /
Date of hospitalisation from / / to / /
Medical condition requiring hospital treatment _____
I confirm that to the best of my knowledge the statements are true in every respect.
Signature(s) of G.P./hospital physician/surgeon (please delete as applicable)

Date / /

6. Please attach receipts from kennels/home carer Boarding kennel proprietor/home carer to complete

Pet looked after by; Kennels Receipt attached

Home carer Written confirmation of payment
from home carer attached

Proprietor's/carer's name Mr/Mrs/Ms _____

Name of kennel/home carer _____

Postcode _____

Telephone no (incl. STD) _____

Date of boarding/home care from / / to / /

Boarding/caring fees per day £ - _____

Total fees £ - _____

I confirm that to the best of my knowledge the statements are true in every respect.

Signature(s) of boarding kennel proprietor/home carer (please delete as applicable)

X

Date / /

Important Notes

- The insurance is provided by Allianz Insurance plc.
- Please ensure you retain a copy of this claim form and any receipts for your records.

- Please use a separate claim form for each pet.
- Please send completed forms, including copies of all receipts to: Pet Insurance from Co-op Insurance, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

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Incomplete Claim Forms Will Be Returned To The Policyholder