Claim Form

Protectapet
Insurance & Shop

Protectapet Policy No:

To enable a prompt claims service, please provide the following information before sending us a claim. Failure to complete this claim form may delay any payments that might be due to you.

Your Name.: *Your NIE No.*

Date of claim. *Date first symptoms occurred.*

Pet's Name *Pet's Age* *Pet's weight.*

What were the initial symptoms that caused you to take your pet to the vet?

You must enclose the following.
Please tick the box for items you are enclosing

- ☐ *A printout of your pet´s history, consultations or treatments received in the past 6 months*
- ☐ *Copies of any blood tests and any other tests/or results.*
- ☐ *Copies of any X-Rays.*
- ☐ *The original invoices.*
- ☐ *Proof of payment.*
- ☐ *A copy of your pet's registration, Passport and/or Chip ID number.*
- ☐ *A report from the Vet detailing the Diagnosis and specific treatment given to your pet.*

Declaration by the Policy Holder.
I declare that the information provided with this claim is correct and that the fees charged are no higher than the normal practice fees. I declare that the details given are correct to the best of my knowledge and I hereby authorize Protectapet to request any additional information required from any vet that has treated my pet.

Policy holders Signature. *Date.*

Declaration by the Veterinary Practice.

VETS STAMP

COLEGIO Nº

Veterinarian's Signature.

On Completion Post to:
Protectapet, The European Pet Healthcare Management Organisation S.L.
Apartado de Correos 42, Benitachell, Alicante. Spain.