

1

Policyholder to complete: continued

Please give the date you first noticed your pet was unwell – this may well be before you contacted your veterinary practice.

Your claim may well be delayed if we do not have this information.

Condition description:

[Empty text box for condition description]

Is this a continuation claim?

Yes No

Date you noticed your pet was unwell:

Has the illness resulted in the death of your pet?

Yes No

Date of death:

Has your pet been registered at another Vets? If yes please provide the details.

Practice:

[Empty text box for practice name]

Address:

[Empty text box for address]

2

Payee details: Policyholder to complete

By signing this form I authorise Legal & General to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Legal & General with all information relating to my pet. I also confirm I have checked the information given on this form and that it is correct.

Please complete one of the following. Please note we will not pay your Vet unless we have previously agreed to do so. Please check with your vet.

Policyholder's Signature:

[Empty signature box]

Date:

1 Pay the policyholder electronically. Tick

This payment will be made to the bank account from which your premium is collected. If you would prefer the payment to be made to another account, please provide the details:

Account Name:

Sort Code:

Account Number:

If you would prefer a check payment please tick here

2 Pay the vet direct. Tick

I have checked with the vet and would like this claim paid directly to them.

Signed:

[Empty signature box]

Date:

Print Name:

[Empty text box for print name]

When was the pet first registered at your practice:

If this pet has been referred please give the name, address and telephone number of the practice that referred this pet:

Make a House visit.

Or provide out of hours treatment?

In connection to the treatment claimed did you

Yes No

Yes No

If **yes**, please detail why necessary:

Name of the illness or injury
(if no diagnosis has been made please give clinical signs):

Treatment from:

Did death or euthanasia result from this illness or injury?

Date of death:

If the pet was put to sleep, did you recommend this?

Is any part of this claim for a condition the pet can be vaccinated against?

If yes, were the pet's vaccinations up to date at the time of treatment?

Is any part of this claim for dental treatment?

If yes, was this caused by injury?

When did this illness or injury begin? (as noted on your records)

This illness or injury?

Any similar or related illness or injury?

Any similar or related clinical sign(s)?

If yes, please provide the history with dates:

Total amount of claim (inc VAT)

In connection to the treatment claimed did you

Yes No

Yes No

If **yes**, please detail why necessary:

to

Yes No

Yes No

Yes No

Yes Date of last vaccination No Don't know

Yes No

Vet stamp here:

To your knowledge has this pet been seen before for:

Yes No

Yes No

Yes No

£

The practice accepted electronic payment Yes No

I can confirm that I am authorised to provide the vet practice details below and that the information provided is correct to the best of my knowledge

Account Name:

Sort Code:

Account No:

Name:

Signature:

Date: