SAGA

CLAIM FORM FOR BOARDING FEES

Please complete a separate form for each pet

Please complete using a black pen and block capitals.

For Saga Pet Insurance use only

We're happy to help!

If you need any help completing this form, please visit www.pet.saga.co.uk/existing-customers

1. Policyholder to complete - **Policy number**

Reference letters **not** required											

2. Policyholder to complete - **About you**

Policyholder's surname		Policyholder's address	
First name			
Telephone no.		Postcode	
Email address (Required for electronic payments)		**Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.** ☐	

3. Policyholder to complete - **About your pet**

Pet's name		Date you first owned your pet	...../...../.....
Is your pet a	Dog ☐ Cat ☐	Pet's date of birth	...../...../.....
	Male ☐ Female ☐	Is your pet insured with any other company?	Yes ☐ No ☐
Breed		If **Yes**, please state which company	

4. Policyholder to complete - **Payee details**

Direct Debit customers - Claims payments will be paid into the bank account from which your premium is collected. Please ensure you have given us your email address in section 2 to avoid delay in settlement.

Please sign here ✗	Print name:	Date ...../...../.....

By signing this form, I confirm I have checked the information given and that it is correct to the best of my knowledge. I also give Saga Pet Insurance permission to contact my G.P./hospital physician/surgeon with regards to my condition on this claim form.

5. Policyholder's general practitioner/hospital physician/surgeon to complete - **If all sections are not completed your claim will be delayed**

Patient's name Mr/Mrs/Miss/Ms/Mx		G.P. practice name and address	
Medical condition requiring hospital treatment		Postcode	
		Telephone no. (incl. STD)	
Date patient was first notified hospitalisation was needed for this condition	...../...../.....	Name and address of admitting hospital	
Has the patient previously been hospitalised due to this condition?	Yes ☐ No ☐	Postcode	
If Yes, please give dates	from ...../...../..... to ...../...../.....	**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)	
Did the patient require convalescence/rehabilitation care outside hospital?	Yes ☐ No ☐	✗ Date ...../...../.....	
Dates of convalescence	from ...../...../..... to ...../...../.....	Print name	

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

Pet looked after by	Licensed kennels ☐ Receipt attached ☐	Proprietor's name Mr/Mrs/Miss/Ms/Mx	
	Home carer ☐ Written confirmation of payment from home carer attached ☐	Name of kennel/home carer	
Date of boarding/home care	from ...../...../..... to ...../...../.....	Address	
Boarding fees per day	£	Postcode	
Total fees	£	Telephone no. (incl. STD)	
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)		✗	
Print name		Date ...../...../.....	

Important note

Please send completed claim forms including copies of all receipts and vet histories to: **Saga Pet Insurance, PO Box 283, Sheffield, HD8 1GE**.
Email: claims@petinsurance.saga.co.uk

Incomplete claim forms will be returned to the policyholder and this will delay your claim

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