SAGA

CLAIM FORM FOR VET FEES

Please complete using a black pen and block capitals.

Are you completing this form for a:

New illness or injury ☐ Complete ALL sections clearly and in full

Continuation illness or injury ☐ Complete shaded sections only

Did you know your vet can submit claims on your behalf?
Please speak to your vet to see if they can.

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 Postcode
First name		
Contact no.		
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		Pet's microchip no.	
Breed		When did you take on ownership of your pet?	
Pet's date of birth	...../...../..... Male ☐ Female ☐		

4. Policyholder to complete - **Details of your pet's illness/injury**

For each condition you are claiming for, please tell us the date you first noticed any signs that your pet was unwell or injured. This date may be before you contacted your vet practice.

Please give details of all other practices that your pet has been registered with below and on a separate piece of paper if necessary. If you don't submit a full clinical history from all of the vets with which your pet has been registered when you make your first claim, your claim will be delayed. You must also include any health information you have from the person/charity you obtained your pet from.

Condition 1	
Date you noticed your pet was unwell	...../...../.....
Description:	
Condition 2	
Date you noticed your pet was unwell	...../...../.....
Description:	
Did the illness or injury result in the death of your pet?	Yes ☐ No ☐ ...../...../.....

Name	
Address Postcode	
Telephone no.	

- Please include all required documentation, including original invoices. If this is the first claim, please include a full clinical history.
- Please use a separate claim form for each pet.
- 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
- We may contact you about this claim and future claims by letter, text message or email, using the contact details we have on file for you.

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

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

By signing this form I authorise Saga Pet Insurance to provide the vet practice with information about my policy in respect of this claim and the vet practice to provide Saga Pet Insurance with all information relating to my pet. I also confirm I have checked the information given on this form and that it is correct to the best of my knowledge.

Who would you like us to pay? Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet.

Please complete one of the following	Please sign here
☐ **Pay the vet direct** I have checked with the vet and would like this claim paid directly to them. Practice name:	✗ Print your name: Date ...../...../.....
☐ **Pay policyholder(s)** 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.	

Ask your vet to complete these three sections

New illness or injury - Complete **all** sections clearly and in full. **Continuation illness or injury** - Complete shaded sections only.

6. Vet practice to complete - **General information**

When was this pet first registered at your practice?	...../...../.....	If **Yes**, why?	
If this pet has been referred, please give their contact details below and submit the referral letter or report.		Cost of normal consultation	**£**
Name of referring vet practice		Is any part of this claim for dental treatment? ☐ **Dental injury** Enclose a history covering the period of injury ☐ **Dental illness** Enclose 2 years' worth of dental history ☐ **No**	
Address Postcode			
Telephone no.			
Was a house visit or out of hours treatment provided?	Yes ☐ No ☐		

7. Vet practice to complete - **About the illness or injury**

Condition 1		**Condition 2**	
Name of the illness or injury (if no diagnosis has been made please give clinical signs)		Name of the illness or injury (if no diagnosis has been made please give clinical signs)	
Is this condition a continuation?	Yes ☐ No ☐	Is this condition a continuation?	Yes ☐ No ☐
Treatment dates	From ...../...../..... To ...../...../.....	Treatment dates	From ...../...../..... To ...../...../.....
Did **death** or **euthanasia** result from this illness or injury?	Yes ☐ No ☐	Did **death** or **euthanasia** result from this illness or injury?	Yes ☐ No ☐
Date of death	...../...../.....	Date of death	...../...../.....
When did this illness or injury begin? (As noted on your records)	...../...../.....	**When did this illness or injury begin?** (As noted on your records)	...../...../.....
To your knowledge, has this pet been seen before for this illness or injury, any similar or related illness or injury or clinical sign(s)? If **Yes**, please provide the history with dates	Yes ☐ No ☐	To your knowledge, has this pet been seen before for this illness or injury, any similar or related illness or injury or clinical sign(s)? If **Yes**, please provide the history with dates	Yes ☐ No ☐
Date	...../...../.....	Date	...../...../.....
Total amount claimed (inc VAT)	**£**	**Total amount claimed (inc VAT)**	**£**

Please enclose itemised invoices for each condition claimed on this claim form. If this is the first claim for this pet, please can you submit a full clinical history

8. Vet practice to complete - **Declaration by the vet practice**

This practice is authorised to have claims paid direct	Yes ☐ No ☐	Vet stamp
By signing this form I confirm I have checked the information on this claim form and it is all correct to the best of my knowledge.		
Name		
Position in practice		
Saga Pet Insurance practice no.		Signature ✗ Date ...../...../.....
Email address		

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