

Claim Form for Boarding Fees (Hospitalisation)



Complete the claim form using a black pen and block capitals (missing information will delay your claim). Settlement payments are made electronically. Please ensure you provide your email address if you require confirmation of payment. Completed forms should be posted to:

Buddies Claims, PO Box 1340, Peterborough PE2 2QB or emailed to admin@buddies.co.uk.

1. Policyholder to complete **POLICY REFERENCE NUMBER**

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2. Policyholder to complete **ABOUT YOU**

Policyholder's name

Email address

All claim settlement correspondence is sent via email.

Mobile _____

Policyholder's address _____

Postcode _____

If this is different to the address on your Schedule of Insurance please tick here.

3. Policyholder to complete **ABOUT YOUR PET**

Pet's name

Male Female

Breed _____

If crossbreed, please state dominant breed (dogs only) _____

Pet's date of birth / /

4. Policyholders GP to complete **ABOUT THE TREATMENT**

Patient's name _____

Relationship to policy holder (where applicable) _____

GP Practice name and address _____

Name and address of admitting hospital _____

Date of the first visit to the doctor for this condition / /

Date of hospitalisation from / / to / /

Description of condition requiring treatment _____

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

Signature of GP _____

Date / /

Print name _____

5. Boarding kennel owner to complete **PET CARE INFORMATION**

Kennel name and address _____

Date of boarding from / / to / /

Boarding fees per day _____

Total fees _____

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

Signature of kennel owner _____

Date / /

Print name _____

6. Policyholder to complete **PAYEE DETAILS**

By signing this form I confirm that I have checked the information given on this form and that it is correct to the best of my knowledge.

Signed _____

Date / /

Pay the policy holder electronically - please 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 following details:

Account name _____

Sort code / / /

Account number / / / / /

Payments can also be made by cheque, please tick the box if this is your preferred form of settlement