

# Pre-Authorisation Form



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](mailto:admin@buddies.co.uk).**

1. Policyholder to complete	<b>POLICY REFERENCE NUMBER</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------------------------	--------------------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

2. Policyholder to complete	<b>ABOUT YOU</b>		
<b>Policyholder's name</b>	<input type="text"/>		
<b>Email address</b>	<input type="text"/>		
All claim settlement correspondence is sent via email.		Mobile	<input type="text"/>
		Policyholder's address	<input type="text"/>
			<input type="text"/>
			<input type="text"/>
		Postcode	<input type="text"/>
<b>If this is different to the address on your Schedule of Insurance please tick here.</b> <input type="radio"/>			

3. Policyholder to complete	<b>ABOUT YOUR PET</b>		
<b>Pet's name</b>	<input type="text"/>		
Pet's date of birth	<input type="text"/>	/	<input type="text"/>
	<input type="text"/>	/	<input type="text"/>
Male	<input type="radio"/>	Female	<input type="radio"/>
	Breed <input type="text"/>		
	If crossbreed, please state dominant breed (dogs only) <input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

4. Policyholder to complete	<b>DETAILS OF YOUR PET'S ILLNESS/INJURY</b>	<b>Veterinary Practices</b>			
Please give the date that you first noticed your pet was unwell — this may well be before you contacted your veterinary practice.		<input type="text"/>			
<b>Please give us details of ALL other veterinary practices that your pet has been registered with. Your claim may be delayed if we do not have this information.</b>		<input type="text"/>			
Date you noticed your pet was unwell	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Condition description:	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				

5. Policyholder to complete	<b>DISCLAIMERS</b>		
By signing this form I authorise Buddies to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Buddies 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.			
Please sign here		Date	<input type="text"/>
			<input type="text"/>
Print name		<input type="text"/>	

### IMPORTANT NOTES

- Please include all required documentation, including original invoices
- If the claim is being faxed, please retain all the original copies of the claim form
- Please use a separate claim form for each claim

### INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER AND THIS WILL DELAY YOUR CLAIM

Buddies Enterprises Limited, Oak House, 7 Medicott Close, Oakley Hay, Corby, Northamptonshire NN18 9NF (company number 4013396). Buddies Enterprises Limited is authorised and regulated by the Financial Conduct Authority (registration number 514428).

# ASK YOUR VET TO COMPLETE THESE FOUR SECTIONS

## 6. Vet to complete

### GENERAL INFORMATION

When was this pet first registered at your practice? / /

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

Name

Address

Telephone no

Is any part of this claim for a condition the pet can be vaccinated against? Yes  No

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

Yes  Please give date of last vaccination / / No  Don't know

Is any part of this claim for dental treatment? Yes  No

If Yes, was this caused by an injury?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the claim involves physiotherapy, osteopathy, hydrotherapy or chiropractic manipulation, how many sessions do you recommend?

No. of sessions \_\_\_\_\_

## 7. Vet to complete

### ABOUT THE ILLNESS OR INJURY

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this condition a continuation? Yes  No

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? Yes  No

Any similar or related illness or injury? Yes  No

Any similar or related clinical sign(s)? Yes  No

If Yes, please provide the history with dates

\_\_\_\_\_ Date / /

\_\_\_\_\_ Date / /

\_\_\_\_\_ Date / /

## 8. Vet to complete

### DOCUMENTS

Please enclose relevant documents including (please tick where enclosed):

- Full clinical history from both primary and referral practices  
 Full description and breakdown of estimated treatment costs  
 Referral letter

Please list any other documents enclosed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 9. Vet to complete

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 \_\_\_\_\_

Email address \_\_\_\_\_

Vet stamp

Signature

Date / /