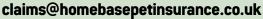
## Pet Insurance Claim Form

## Claims Helpline: 0345 078 7575



To be completed and returned to: Homebase Pet Insurance, Freepost – RSTK-ERCB-ZKJT, PO BOX 16283, Birmingham B2 2XJ or for a quicker way of submitting your claim to us please email a scanned copy to claims@homebasepetinsurance.co.uk

·	<del> </del>	<u> </u>	1 0						
A About you (the	<u> </u>		IMPORTANT INFORMATION – PLEASE READ Is this claim for a:	B About your pet					
(Please note that changes	to your address may affect your premiu	ım)	New Condition Please complete all sections	Your pet's name					
Your name, address and postcode			Continuation Condition Please complete sections A, B & E						
			If this claim is for a new condition please ensure that the pet's full medical history from all the vets that your pet has been registered with is submitted with the claim form.	* If you have more than one pet insured with us, please ensure you enter the correct pet's name and only one claim form per pet.					
			If this claim is for a continuation condition then please ensure that the medical history since the last claimed date of treatment is submitted with the claim form.	Cat Dog					
			PLEASE NOTE THAT IF ANY SECTION OF THE CLAIM FORM IS NOT FILLED IN, OR THE SUPPORTING INFORMATION IS NOT SUBMITTED, THIS WILL DELAY YOUR CLAIM.	Male Female					
Daytime tel			If you are claiming for continuation treatment you must submit claims every 3-6 months. Therefore, in order to	Breed					
Mobile tel			save paper, you do not need to submit a claim for every visit to your vet but you can batch the invoices up.						
Email			Your policy does not cover:  • Any changes that you or your vet noticed in your pet's	Date of birth					
Policy number (must	he completed)		health or behaviour before the policy started or any condition that arise from those changes	Your pet's microchip number:					
Tolleg Harriser (Triase	be completed)		Any accident that happened within the first 48 hours after the policy start date						
If you provide us with your know we have received yo	mobile number and email address, we o	an let you	Any condition that started within the first 10 days after the policy start date	How long have you owned the pet?					
C About your pet's condition									
C About your p	et's condition	Conditi	ion 1	Condition 2					
Please tell us when you noticed your pet was unwell or		Time a	and Date	Time and Date					
injured. If your pet has had the same or similar changes in health we require the first date.		Tirric e		Time and bate					
A description of the changes to your pet's health that you noted.									
Did you contact our 24 hour vetfone service for advice on your pet's condition before seeing your vet?		Yes 🗌	No Date	Yes No Date					
Please call <b>0800 1976</b>	<b>718</b> if required in the future.	v	N C	V N-					
illness/injury/incident?	our care at the time of the	Yes	No	Yes No					
	e name and address of any authoris your pet at the time of the incident								
If your claim is for an injury, do you believe that another person was at fault? If so, please provide details separately  Yes No									
D Your previous veterinary practices (Please tell us all vet(s) where your pet was previously registered)									
Practice name		Praction	ce name	Please tell us your name and address at that time, if					
Address		Addres	SS	it was different to the name and address in Section A.					
Postcode	Postanda		nda						
Phone number			number						
Date: from				Postcode					
E Your signature, who to pay and Data Protection notice (Please complete boxes a, b & c to tell us who to pay)									
I declare, to the best of my knowledge and belief, that all the information provided in this form is true and complete. I agree that Homebase Pet Insurance may seek any information it requires from any vet. I accept that the information provided may be released to other companies who provide a service to Homebase Pet Insurance in connection with managing and handling claims.									
a Who would you like	ke us to pay:	<b>b</b> Ho	w would you like to be paid:	c Your signature:					
Vot/Organisation		Jou pay your premium by Direct Debit, we I pay any settlement into that account by extronic transfer.	Policyholder  Joint policyholder						
There is no guarantee that we will pay your vet direct. Please confirm with your vet that they can deal directly		lf ų	you would like to opt put of this and receive a	Circula viv					
with Homebase Pet Insurance		ch	eque payment, please tick below.  Cheque – For joint policy holder, vet or	Signature:					
Payee name			to opt out of electronic payment.	Date:					

Please note: if we decide we cannot pay some or all of your claim, it is your responsibility to pay your vet. Electronic payment option is only available if payment is to be made to the policyholder and if you pay your premium by direct debit.

If the condition being claimed for is new please complete all sections and enclose a full medical history for the pet.

If the condition is ongoing please complete the sections with the grey boxes and enclose the medical history since the last claimed date of treatment.

F Your vet must fill in this section about eac	h condition							
Please advise when the pet was registered at your practice		If a house call was made, you must confirm below why it was absolutely essential.						
If this pet was referred to you, please advise the name and a vet which referred it, and submit the referral letter/report with								
Postcode		If the pet was seen out of hours please confirm why this was and whether the treatment could have waited until normal surgery hours.						
	Condition 1		Condition 2					
What is the diagnosis of the condition (if no diagnosis has been made please provide the main clinical signs)								
Please tell us the treatment dates for this claim	From	To	From	То				
Is this claim for a continuation of treatment?	Yes	No 🗌	Yes _	No 🗌				
If yes, please advise the previous dates of treatment	From	To	From	To				
Did the condition being claimed for result in the death or euthanasia of the pet?	Yes _	No 🗌	Date of death					
The body condition score for the pet.	Scale 1-5 (tick to complete) Scale 1-9 (tick to complete)		Body Score					
If this claim is for a cruciate rupture, is this solely the result of a trauma or is there any breed predisposition, underlying disease or conformational issue?								
Please tell us the date that the clinical signs								
were first noticed (as noted on your clinical records).	Date		Date					
Has this pet had this condition or clinical signs before, or any related condition or clinical signs before?	Yes	No 🗌	Yes	No _				
(If 'Yes' we will need the medical history to show the dates and full details)								
	Condition 1		Condition 2					
Please advise the cost of treatment incl. VAT								
G.	d bush a construction	:						
G The attending vet or a person authorise	ea by the vet must fill	in and sign this section	1					
I declare to the best of my knowledge and belief, that all information provided in this claim form is true and  Practice Stamp								
complete.								
The fees I have charged are no more than the fees I would normally charge my clients.								
Name:	Position in the Practice	e:						
Email Address:								
Signature: Date:			Postcode:					

IMPORTANT: Please ensure that a dated and itemised breakdown of all treatment costs is attached to the claim form before you send it to us. The costs must be clearly apportioned between each condition being claimed for. Please do not use highlighter pen to apportion costs.

## IF ANY REQUIRED INFORMATION IS NOT RECEIVED THEN THERE WILL BE A DELAY TO YOUR CLAIM.