

# Claim Form

To be completed by the policyholder and veterinary surgeon



THE KENNEL CLUB

BREEDER PLAN

## Notes for completion of this form

- Please ensure that both sections of this form are completed.
- If there is insufficient space on the claim form, please use a separate sheet and include your policy number.
- You are advised to keep copies of all documentation sent to us for future reference.
- If your claim is for a weak or fading puppy please ensure that the veterinary surgeon provides written confirmation of the puppy's details, including date of birth, sex and colour
- In the event of a claim under the life cover, please enclose a purchase receipt (where applicable) and a pedigree certificate.

## IMPORTANT:

PLEASE ENCLOSE AN ITEMISED RECEIPT OR ACCOUNT FROM THE VETERINARY PRACTICE.

In the event of a claim for Death Benefit please enclose a receipt for the purchase price and Pedigree Certificate if applicable.

## Need help?

Call our UK-based helpline if you need any assistance completing this form.

**0845 379 1501**

## Section 1 - Policyholder to complete

Policy number

### About you

Policyholder's name

Policyholder's address

Post code

Policy start date / /

Period of insurance

Daytime telephone no.

Email address

### About your dog

Dog's name

Dog's KC registration number

Dog's date of birth / /  Male  Female

Breed

Colour

### About your puppy

Name of registered puppy

Puppy's KC registration number

Puppy's date of birth / /  Male  Female

Breed

Colour

Is your dog covered by any other insurance policy?  Yes  No

If Yes, please state the company name

Date illness / injury / condition was first noticed / /

Please provide a brief description of illness / injury / condition

Date of dog's last vaccination / /

## Declaration

1. I declare that all details provided herein represent a true and accurate statement of the details appertaining to my claim and that I have not omitted any details pertinent to the circumstances of the claim.
2. I declare that where a claim involves a potential refund from other Insurers or a third party, I hereby authorise them to remit any refund to The Kennel Club Breeder Plan.
3. I understand that in the event that this claim is found to be fraudulent in whole or in part, this will invalidate the policy and may render me liable to prosecution.

Please sign here

Print your name

Date

X

## IMPORTANT

The Kennel Club Breeder Plan does not cover the following veterinary treatment:

- Any pre-existing condition/illness/injury or one shown as excluded on the Certificate of Insurance or Renewal Certificate.
- Any illness/injury/condition which arises within the first 10 days after the inception date of the insurance.
- Preventative, elective treatments and routine examinations.
- Non-essential hospitalisation, transportation by ambulance or house calls unless the vet confirms that to move the dog would seriously endanger its health.
- The cost of dentistry that is not related to an illness or injury, and routine cleaning and de-scaling.
- The cost of any clinical diet foods.

Please check the Policy Terms and Conditions booklet for full details of what is and isn't covered, and refer to the Certificate of Insurance or Renewal Certificate for details of any exclusion specific to the above mentioned dog.

Please ask your veterinary surgeon to complete the following:

## Section 2 - Veterinary surgeon to complete

### Payment

Should payment be made directly to the veterinary practice?  Yes  No

Where instructions are unclear, payment will be made directly to the policy holder

#### AN ITEMISED RECEIPT OR ACCOUNT MUST BE ENCLOSED

For claims over £500 please include a clinical history

### Details of claim

How long has this dog been registered at the practice?

If a referral case please provide the name, address and telephone number of the referring practice and attach a copy of your report on the case.

From	To	Diagnosis	Treatment	Costs (£) (inc. VAT)

Has the dog received treatment for any of the above, or any related conditions before?  Yes  No  
(If Yes, please provide details and use a separate sheet if necessary quoting the policy number in the top right hand corner)

Is this a continuation claim?  Yes  No

Are any of the fees in respect of pre-operative blood tests?

Yes  No

If Yes, how much? £

If Yes, were these essential in the interests of the dog's health?  Yes  No

Are any of the included fees in respect of house visits / ambulance fees?

Yes  No

If Yes, how much? £

If Yes, were these essential in the interests of the dog's health?  Yes  No

Are any of the fees for a prescription diet?  Yes  No

Name of diet

No. of tins supplied Cost per tin £

No. of bags supplied Cost per bag £

No. of sachets supplied Cost per sachet £

### Death

Has the dog died as a result of the illness / injury mentioned above?  Yes  No Date / /

Was a charge made for cremation/burial? If Yes, how much? £

### Declaration

#### Declaration by Veterinary Surgeon

I certify that, to the best of my knowledge all the information contained on this form is correct and that, in my opinion, the condition treated would not have been present upon the date of the inception of the policy. I also confirm that, in my opinion, the fees charged are my normal practice fees relating to this matter.

Please sign here

X

Print your name

Date

Veterinary Practice Stamp:

PLEASE RETURN WITH THE APPROPRIATE SUPPORTING DOCUMENTATION TO:

The Kennel Club Breeder Plan, 2b Alton House Office Park, Gatehouse Way, Aylesbury, Bucks HP19 8XU.

Claims Help Line: 0845 379 1501