

Please complete questions 1 – 9 and 18. **Ask your vet to complete questions 10 – 17.**

Please make sure that all questions are answered as fully as possible to avoid any delay in dealing with your claim.

ABOUT YOU			
1	Name		
2	Address		
	Postcode		
3	Policy Number	Shown on your membership certificate	
4	Please make payment to	This must be either your vet or the person whose name is shown on the membership certificate	
ABOUT YOUR PET			
5	Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>
6	Breed	Cat <input type="checkbox"/>	Dog <input type="checkbox"/>
7	Age or Date of Birth		
8	Condition or symptoms which caused you to consult your vet. If you are claiming for an accident or injury please tell us how it happened.		
9	Date on which you first noticed any signs or symptoms		
YOUR PET'S TREATMENT (Please ask your vet to complete questions 10 - 17)			
10	Condition giving rise to treatment		
11	Is this a pre-existing condition or was there any other pre-existing condition which could result in this? If so please give details		
12	Treatment given (please include any tests or investigations)		
13	If the treatment involved out of hours consultations or home visits please explain why these were necessary		
14	Treatment from:	to:	
15	Treatment is:	Complete	Continuing Please delete as appropriate
16	Total fees for the above period	£	Please provide an itemised account showing dates, treatment and medication
18 YOUR DECLARATION			
<p>I confirm that the information I have provided on this claim form is correct to the best of my knowledge. I agree that Harvington Services Ltd can make any payment due to the person or practice named above. I agree that Harvington Services can approach my vet to obtain additional information in connection with this claim and, if payment is to be made to my vet, can give the practice details of how the claim payment is calculated.</p> <p>Signature of pet owner</p> <p style="text-align: right;">Date</p> <p>Please return this form, with an itemised invoice or account to: Internet Pets, Freepost SWC 2333, PO Box 65, Evesham, WR11 8ZG</p>			
17 VET'S DECLARATION			
<p>I certify that the information on this claim form is correct to the best of my knowledge and that the fees charged are no more than my normal practice fees.</p> <p>Signature</p> <p style="text-align: right;">Date</p> <p>Name and Position of Signatory</p> <p>Practice Name</p>			
<p>Internet Pets Insurance is underwritten by Alpha Insurance A/S & administered by Harvington Services Ltd., Harvington House, 9 Abbey Lane Court, Evesham WR11 4BY. Alpha Insurance A/s is authorised and regulated by the Danish Financial Services Authority. Harvington Services Ltd is an independent insurance intermediary, authorised and regulated by the Financial Services Authority. Registered in England No. 3437743</p>			