

Claim Form For Boarding Kennels Fees

1 About You - to be completed by policyholder(s)

Policyholders' name Mr/Mrs/Ms _____
 Address: _____

 County: _____
 Telephone Number: _____
 Policy Number: _____

2 About Your Pet

Your pet's name _____
 Pedigree name (if applicable) _____
 Pet Insured Dog Cat Pet Sex M F Age _____ Breed _____
 Amount claimed € _____

Please note that we will not cover boarding fees for the first 3 days of your hospital stay

I claim the above amount being the cost including VAT of Boarding/Caring of the pet and acknowledge payment to the above named account holder in full and final settlement.

Signature of Policyholder **X** _____ Date **X** ____/____/____
 Signature of Joint Policyholder **X** _____ Date **X** ____/____/____

3 To be Completed by Policyholder's General Practitioner or Hospital Physician/Surgeon

Policyholders' name Mr/Mrs/Ms _____
 Name of G.P. / Physician/Surgeon _____
 Address: _____

 County: _____
 Telephone Number: _____
 Name and address of admitting hospital _____

 Date of Hospitalisation: From ____/____/____ To ____/____/____
 Medical condition requiring hospital treatment _____

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

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

Signature(s) of G.P./Hospital Physician/Surgeon (please delete as applicable)

Signature **X** _____ Date **X** ____/____/____

4 To be Completed by the Boarding Kennel Proprietor/Home Carer (please attach receipt)

Name of Proprietor/Home Carer Mr/Mrs/Ms _____
 Address of Boarding Kennel/Home Carer _____

 County _____
 Telephone Number _____
 Date of /boarding/Homecare From ____/____/____ To ____/____/____
 Boarding fees per day € _____ Total fees € _____

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

Signature(s) of Boarding Kennel Proprietor/Home Carer (please delete as applicable)

Signature **X** _____ Date **X** ____/____/____