

Claim Form for Holiday Cancellation

In the case of a missing pet when did you first notice they were missing? Has the pet been recovered? Yes No If Yes' please state when Date	1 About You – to be co	mple ¹	ted	l by	/ pc	olicy	/hol	der(s)																			
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4 To be Completed by the Veterinary Surgeon - in the case of surgery on your pet

Pet's Condition	
Date of onset Was surgery carried out? If "Yes" what surgery was performed?	Yes No C
Date of surgery Date client was advised surgery required Was it emergency life-saving surgery?	
Practice stamp (if applicable)	Signature of Vet X Date X

Please return to: Allianz, Pet Insurance Claims, P.O. Box 48 48, Freepost, Dublin 4.

This address may be used on any envelope. It's free and ensures delivery directly to our Claims Staff. Telephone: 1890 48 48 48 Fax: 01-660 9453

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