

Claim Form For Boarding Kennels Fees

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

Policy holder's name: _____

 Address: _____

 Email address: _____
 Telephone number: _____
 Policy number: DN PET _____

2. About Your Pet

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

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

Policyholder's 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 ____/____/____
 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 the 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 ____/____/____

