Pet Claim Form – Veterinary Fees

This form must be completed by the Policy Holder and the Veterinary Surgeon
Return to: claims@agriapetinsure.ie or Post PO Box 911, Little Island, Cork T45 YR96

Agria

Srdf BlQxp egu ____________________

☐ Claims for Vet Fees (Please tick)
☐ Pre–Authorisation Request (Please tick)

Srdf BlKr ggubw lfrp sgwg

Policy Holder Name: ____________________
Address: ____________________
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____
Telephone Number: ____________________
Email: ____________________

Pet's Name: ____________________
Pet age: ____________ Gender: Male Female
Breed: ____________________
Date pet came into your possession? DD/MM/YY
Did you Adopt or Rescue your pet? Yes ( ) No ( )
Name of Rescue Centre:

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Please list all Veterinary Practices that have treated your Pet since being in your possession. This includes routine care such as vaccinations.

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Lgbklvblvl Brxulgluwlf oclp 'lsogcvglsurylggbclfrsBr gbkglEugggu,vb ycff lqcwlrqlf cuglr ulcgrswlrqlf guwlgf cwlglgcssdfceog{,

Ygwgulqcu BlS ucf wlf glw lFrp sogwg

Clinical Signs or Diagnosis of Condition being claimed for	Treatment Dates	Cost in €

What is the first visit date for this pet at your practice? DD/MM/YY
Please provide the first date when the Condition being claimed for first commenced. DD/MM/YY

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Payment of Claim to be made to (Please Circle): VET Policy Holder

All claim payments will be made by electronic funds transfer (EFT). If we already hold your bank details from previous premium payments or claim settlements, any claim payment will be sent to that account automatically. If your bank details have changed or you need to provide new details, please contact our Customer Services team on 021 212 9119.

Ygwgulqcu BlGgf ocucwlrq
I confirm that the information provided above is correct and that all information held on file for this pet has been provided

Fxvwrp gulGgf ocucwlrq
I confirm that the information I have provided above is true and correct

Veterinary Signature: ____________________

Date: ____________

Customer Signature: ____________________

Date: ____________

Practice Stamp