Equine Claim Form – Veterinary Fees

This form must be completed by the Policy Holder and the Veterinary Surgeon.

Email claim form to: claims@agriapetinsure.ie

Policy Number

Vet. Stamp

Policy Holder to complete

Policy Holder Name: _____

Address: _____

_____

_____

Telephone Number: _____

Email: _____

Horse Name: _____

Horse Gender (Circle Choice)

Stallion Mare Colt Filly Rig Gelding

*To be completed for the first claim only

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

_____

_____

_____

_____

For your first claim, you must send us a copy of your horse's passport. We will contact all Veterinary Practices your Horse has attended and request their clinical records.

Veterinary Practice to complete

Please provide the first date when the Condition being claimed for first commenced DD/MM/YY

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

For all claims, we require the corresponding clinical history for the claimed dates. If this is the first claim for this Horse with your Practice, please send us the Horse's full clinical history. If the customer is the payee of the claim, please send us a proof of payment showing the customer has paid for the treatment.

Payee of claim to complete

Payment of Claim to be made to (Please Circle) 1. Vet 2. Policy Holder

Please note if you are a direct debit customer, we will pay the claim into the bank account associated with the payment of your

Bank Details: Payment of the claim will be made by electronic funds transfer

IBAN																				

Veterinary Declaration

I confirm that the information provided above is correct and that all information held on file for this horse has been provided.

Veterinary Signature _____

Date: _____

Customer Declaration

I confirm that the information I have provided above is true and correct.

Customer Signature _____

Date: _____