

ASK YOUR VET TO COMPLETE THESE FOUR SECTIONS

6. Vet to complete

GENERAL INFORMATION

When was this pet first registered at your practice? / /

If this pet has been referred please give the name, address and telephone number of the practice which referred it

Name _____

Address _____

Telephone no _____

Is any part of this claim for a condition the pet can be vaccinated against? Yes No

If Yes, were the pet's vaccinations up to date at time of treatment?

Yes Please give date of last vaccination / / No Don't know

Is any part of this claim for dental treatment? Yes No

If Yes, was this caused by an injury? _____

If the claim involves physiotherapy, osteopathy, hydrotherapy or chiropractic manipulation, how many sessions do you recommend?

No. of sessions _____

7. Vet to complete

ABOUT THE ILLNESS OR INJURY

Name of the illness or injury
(if no diagnosis has been made please give clinical signs)

Is this condition a continuation? Yes No

When did this illness or injury begin? / /
(as noted on your records)

To your knowledge has this pet been seen before for:

This illness or injury? Yes No

Any similar or related illness or injury? Yes No

Any similar or related clinical sign(s)? Yes No

If Yes, please provide the history with dates

_____ Date / /

_____ Date / /

_____ Date / /

8. Vet to complete

DOCUMENTS

Please enclose relevant documents including (please tick where enclosed):

- Full clinical history from both primary and referral practices
- Full description and breakdown of estimated treatment costs
- Referral letter

Please list any other documents enclosed:

9. Vet to complete

DECLARATION BY THE VETERINARY PRACTICE

By signing this form I confirm I have checked the information on this claim form and it is all correct to the best of my knowledge.

Name _____

Position in practice _____

Email address _____

Vet stamp

Signature

Date / /