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For internal use only

# Equine Claim Form for Veterinary Fees, Death or Permanent Loss of Use

Please use a separate claim form for each animal, each illness or injury and each treating veterinary practice.

## How to make a claim:

- Step 1** Please complete and sign Section 1 of this claim form
- Step 2** Take the claim form to your Vet and ask them to complete Section 2 and sign
- Step 3** Please complete Section 3. Payee details
- Step 4** Attach the original invoices and receipts to the completed claim form and post, fax or email to:  
**Pet Insurance by The Warehouse**, PO Box 112250, Penrose Auckland 1642  
 Fax: 09 353 1554 Email: claims@thewarehousepetinsurance.co.nz

## Section 1. Policyholder to complete

### About You

Policy number \_\_\_\_\_ Your Name \_\_\_\_\_  
 Contact no. \_\_\_\_\_ Email \_\_\_\_\_  
 Postal address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.

Address where Pet resides/resided (if different to above) \_\_\_\_\_

Address where loss occurred (if different to above) \_\_\_\_\_

### About Your Horse

Horse's name \_\_\_\_\_ Colour \_\_\_\_\_ Height \_\_\_\_\_ Age \_\_\_\_\_

Stallion/Colt  Mare/Filly  Gelding

Are you the sole owner? (Tell us who shares ownership on a separate page)  Yes  No

Is this horse insured with any other company? (Tell us details on a separate page)  Yes  No

Was anyone else responsible for your horse when it was injured or became ill? (Tell us details on a separate page)  Yes  No

Name of your usual vet \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_ Contact no. \_\_\_\_\_

### About Your Claim

What are you claiming for?

Vet fees Have you claimed for this condition before?  Yes  No If yes, please provide claim no. \_\_\_\_\_

Permanent loss of use

Death/humane destruction When did the horse die or was destroyed? Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

Disposal costs

Are you claiming for the cost of remedial farriery?  Yes  No If yes, how much does your shoeing normally cost? \$ \_\_\_\_\_ per set

What was the horse being used for when it became ill or injured? \_\_\_\_\_

When did you notice the first clinical signs of the condition you are claiming? Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

When did the illness or injury occur? Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

When was the vet first called? Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

If there was more than 24 hours before the vet attended advise reason \_\_\_\_\_

Details of the illness or injury (please give precise details of the part of the body affected) \_\_\_\_\_

\_\_\_\_\_

**Declaration By Policyholder**

I confirm that I am the policyholder and I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief.

Signature X Date \_\_\_\_\_

**Section 2. Please ask your vet to complete this section**

**About the illness or injury**

Did the horse die due to this illness or injury? (A post mortem must be carried out unless we have advised that it is not required)  Yes  No

Was the horse euthanised due to the illness or injury?  Yes  No

Did the horse's condition meet the guidelines set by AVA for immediate destruction?  Yes  No

Have you sent us a claim for this illness or injury before?  Yes  No

According to your notes, when did the pet owner first notice clinical signs of the condition?

Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

Is the illness or injury likely to need further treatment?  Yes  No

Diagnosis of illness or injury, or clinical signs if no diagnosis has been made \_\_\_\_\_

Please give history and dates if this horse has been seen before for this illness or injury, any similar or related illness or injury, or any similar or related clinical sign \_\_\_\_\_

Is the illness or injury being claimed for related to this history?  Yes  No

**About the treatment**

Date of treatment \_\_\_\_\_ Does the horse require remedial farriery?  Yes  No

If yes, please advise how many feet this is for \_\_\_\_\_

Did you recommend any alternative treatment?  Yes  No If yes, please give details \_\_\_\_\_

**Declaration By Veterinary Practice**

This practice is authorised to have the claim(s) paid direct  Yes  No

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

Name \_\_\_\_\_ Position in practice \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signature X



(Vet practice manager) Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Section 3. Payee details**

PLEASE COMPLETE ONE OF THE FOLLOWING Please understand that we will not pay your vet unless it has been previously agreed with them to do so. Please check with your vet prior to selecting your payment option below.

**Pay Vet.** I/We have arranged with my/our vet and would like this claim paid directly to them, less my excess and any other non-claimable items. Name of the vet practice \_\_\_\_\_

**Pay Policyholder(s).** I/We wish the claim to be paid to the policyholder(s) name on the Certificate of Insurance.

Electronic payment into policyholder's bank account

Account name \_\_\_\_\_ Account number \_\_\_\_\_

**What happens next:**

Once we receive the necessary documentation, your claim will be processed as quickly and easily as possible. If you have any questions about your claim please call us on 0800 968 687 between 8:30am – 5:00pm Monday to Friday.