

MORE TH>N PET INSURANCE

ONGOING VET TREATMENT CLAIM FORM

This Claim Form should be completed and returned to:

MORE TH>N, FREEPOST, RSKZ-LZSG-KSXB P.O. BOX 15769, Birmingham, B2 2RA. **CLAIMS HELPLINE 0800 300 889**

A ABOUT YOU (The Policyholder)

If your name or address has changed, please tick

Your name, address and postcode:

POLICY NUMBER

Mobile/
Phone number

Email

Please note that this claim form is for ONGOING VET FEE CLAIMS only. If your claim is for a new illness or injury please visit our website www.morethan.com under 'Pet'. From the left hand menu select 'Make a claim'. On the next screen select 'To make a new claim', click on the link to download a claim form.

You and your vet must sign the form if your claim is for an ongoing illness or injury that is not medication only.

Claims for ongoing medication only – If you are claiming for medication only, it is not necessary for your veterinary surgeon to complete Section E.

B ABOUT YOUR PET

Your pet's name:

C ABOUT YOUR PET'S ILLNESS OR INJURY

ILLNESS OR INJURY 1

Name of illness or injury as advised by your vet.

Please provide the treatment dates for this claim.

From

/ /

To

/ /

Please advise the cost of treatment incl. VAT. if known

£

ILLNESS OR INJURY 2

From

/ /

To

/ /

£

