

# **KBIS VETERINARY CLAIM FORM**

Cullimore House, Peasmore, Newbury, Berks, RG20 7JN  
Phone 01635 247474 Fax 01635 248660



## **Part One - To be completed by the Assured.**

### **Part One**

#### **1.POLICYHOLDER'S DETAILS**

Policyholder:  
Address:

Cert No :

Postcode:  
Please supply Telephone No.

#### **2.SECTION TO BE COMPLETED BY THE POLICYHOLDER**

Usual Veterinary Surgeon's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

Has any other vet has attended or seen your horse in your ownership? YES[  ] NO[  ]

Please give details on reverse side.

#### **3.DETAILS OF INSURED HORSE**

**Horse Name:**                      **Age:**                      **Colour:**                      **Sex:**

Are you the sole owner of the animal YES [  ] NO [  ] If NO, please provide full details on a separate sheet.

For what purpose was the animal being used at the time of accident, illness or disease? \_\_\_\_\_

In whose charge was the animal at the time of the accident, illness or disease? Name and Address if other than Policyholder.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_



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## **Part Two - To be completed by the Veterinary Surgeon attending the animal in respect of veterinary fee claims.**

This is to be obtained by the insured at his own expense.

### **Part Two**

#### **VETERINARY SURGEON'S CERTIFICATE**

Please arrange for your Veterinary Surgeon to complete this or alternatively supply a detailed report of the history, diagnosis, treatment and prognosis of the condition to be claimed on. If the horse has been referred for a second opinion we require a copy of the original report.

#### **POLICYHOLDER'S DETAILS**

Policyholder: \_\_\_\_\_ Cert No : \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

\_\_\_\_\_

**Horse Name:                      Age:                      Colour:                      Sex:**

Have you attended this horse before? YES [ ] NO [ ]

If YES, please provide full details of any illness, injury or symptoms relevant to current condition.

Symptoms of current illness/injury \_\_\_\_\_

Diagnosis of current illness/injury \_\_\_\_\_

Prognosis of current illness/injury \_\_\_\_\_

**If a detailed veterinary report has been done by yourself or a referral practice please attach a copy.**

If Alternative treatment has been undertaken was this done at your recommendation? YES [ ] NO [ ]

Where more than one condition has been treated, please indicate whether they are related. YES [ ] NO [ ]

Details of current Illness/Injury/Treatment \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I confirm that to the best of my knowledge the statement(s) above are true in every respect.

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

Practice Stamp