



**MAJOR VETERINARY SURGEON FEES
CLAIM FORM**

INSTRUCTIONS

Please read fully prior to answering questions, all of which must be answered in full.

Kindly obtain, without expense to Underwriters, all necessary Veterinary Reports to support this claim.

1 Name and address of Insured:

2 Certificate Number or Policy Number:

Period of Insurance:

3 Particulars of Animal:

Name	Age	Sex	Breed	Colour and Identity Markings	Date of Purchase	Price Paid	Sum Insured

4 Date, time and place animal first ill or injured:

5 Date and time Veterinary Surgeon first advised:

6 For what purpose was the animal being used at the time it was first found to be ill or injured, and if the animal was injured how did the injury occur:

7 Date and time Veterinary Surgeon arrived to attend animal:

1 What was his initial diagnosis:

2 Is the treatment complete or still ongoing:

3 Has the animal made a complete recovery:

PLEASE ENCLOSE A VETERINARY REPORT

8 1 Name, address and telephone number of attending Veterinary Surgeon:

2 Name, address and telephone number of usual Veterinary Surgeon:

9 In whose charge was the animal at the time of the illness or injury:

Give name and address:

10 If the illness or injury was caused by apparent negligence of any person, give name, address and occupation of that person:

11 Give details of any previous illness or injury involving this animal whilst in your possession:

12 Give details of any previous treatment or medication, other than routine vaccinations, administered to this animal whilst in your possession:

13 Have you received livestock insurance claim payments before:

If so, give details:

Company	Date	Amount	Animal Identification	Cause of Loss

14 Was the animal, now the subject of this claim, insured elsewhere:

15 Has any other person or company any financial interest in this animal:
If so, please give their name, address and state their interest:

