



Re: Pet Insurance Claim Form Download
Our Ref: Boarding Fees

Thank you for downloading a claim form; please ensure that the attached claim form is fully completed by your Doctor and attach the following information:

- Invoices from the Cattery/ Kennel/ Rabbit Hotel or a signed statement from the appointed person who has cared for your pet.

Claim forms can be sent across to us by fax on 01423 532 791, by email at petclaims@ncionline.co.uk or by the address which is detailed on your claim form.

Following the receipt of the above information, we will look to assess your claim as quickly as possible.

Please ensure that all your contact details are correctly completed on the claim form, so that we can keep you updated on your claims progress.

If you have any additional queries regarding this claim, please don't hesitate to contact us by using the above email address or by telephone on 01423 535 057.

Kind regards

Craig Lambert

Pet Claims Team Leader
On behalf of the Pet Claims Team
NCI Pet Insurance



This claim form should be completed and returned to:
NCI Pet Insurance, 4th Floor, Clarendon House,
Victoria Avenue, Harrogate,
HG1 1JD

Claim Form for Boarding Fees

POLICY NUMBER:

1A – POLICY HOLDER DETAILS (TO BE COMPLETED BY THE POLICYHOLDER)

Your Name:

Address:

Postcode:

Home phone
number:

Mobile phone
number:

E-mail address:

1B - DETAILS OF YOUR PET (TO BE COMPLETED BY THE POLICYHOLDER)

Your Pet's Name:

Dog

Cat

Rabbit

Male

Female

Breed:

Date of Birth:

 / /

Date of purchase:

 / /

2a – DETAILS OF HOSPITALISATION (TO BE COMPLETED BY THE PATIENT'S GP/ HOSPITAL PRACTITIONER/SURGEON)

Patient's G.P.
details

Name:

Address:

Phone number:

Condition requiring
hospitalisation

Date of first visit to
any doctor for this
condition

Details of
admitting
hospital

Name

Address:

Phone number:

Dates patient
hospitalised

From:

To:

2b – DECLARATION FROM PATIENT'S GP/ HOSPITAL PRACTITIONER/ SURGEON

I declare to the best of my knowledge
and belief, the information I have given
is true and complete.

NAME:

SIGNATURE:

3a – DETAILS OF CARER (KENNEL/ CATTERY/ RABBIT HOTEL PROPRIETER OR HOME CARER TO COMPLETE)

Details of
kennel/ cattery/
rabbit hotel/
home carer:

Name:

Address:

Telephone:

Dates pet in
boarding/ home care:

 to

Cost of boarding per
day:

 £

Invoice enclosed:

Total being claimed:

 £

3b – DECLARATION FROM BOARDING PROPRIETER/ HOME CARER

I declare to the best of my knowledge
and belief, the information I have given
is true and complete.

NAME:

SIGNATURE: