ibex INSURANCE

# CLAIM FORM FOR VETERINARY FEES

**Important**

Your Pet Insurance **does not** cover the following veterinary treatment:

a) Any Pre-existing condition/illness or shown on the Schedule as excluded.
b) Any illness or conditions, arising prior to, or within 14 days of, the policy start date.
c) Preventive, elective treatments and routine examinations
d) Non-essential hospitalisation and/or house calls unless the vet declares that no move your pet would endanger its heath
e) Dental treatment, other than required as a result of injury.

**Please check Policy Terms and Conditions for full details of what is and isn't covered**

*** **For all new claims please include full clinical history and itemised receipt** *********

| Policy number:<br>Número de póliza: |
|---|

| **1. ABOUT YOU** (To be completed by the policyholder) |
|---|
| Policyholder's name<br>Nombre del Asegurado: |
| Policyholder's address and postcode<br>Dirección y código postal del asegurado: |
| Telephone No:<br>Número de teléfono: |
| Mobile No:<br>Número de móvil: |

☐ Please tick if this is different to the address on your certificate of insurance

| **2. ABOUT YOUR PET** (To be completed by the policyholder) |
|---|
| Your pet's name<br>Nombre de mascota: |
| |
| ☐ Dog / Perro ☐ Cat / Gato ☐ M ☐ F/ H |
| Did the illness or injury result in the death of your pet? ☐ Yes ☐ No<br>La muerte de su mascota ha sido debida a la enfermedad o las lesiones? |
| Breed / Raza |
| Date of Birth / /<br>Fecha de nacimiento: / / |
| Name of each illness or injury you are claiming for, and the date when you first noticed any signs<br>Tipo de enfermedad o lesiones por las que reclama, y fecha de cuando tuvo conocimiento de ellas: |
| 1.<br>date / / |
| 2.<br>date / / |
| If your pet has been registered at another practice, other than the current attending practice, during the last 3 years please give details below: (if there is more than 1 please use a separate piece of paper)<br>Si su mascota ha estado inscrita en otra consulta, distinta de la actual, durante los últimos 3 años, por favor, indique los detalles a continuación: (en el caso que sea más de una, por favor adjunte otra hoja con los detalles)<br><br>Vet's Name and Practice Name<br>Nombre del veterinario y del centro:<br>Address<br>Dirección:<br><br>Telephone No.<br>Numero de teléfono: |

| | | |
|---|---|---|
| Date: From / / - To / /<br>Fecha: Desde: / / - Hasta / / | | |
| Did the event happen overseas?<br>Ha ocurrido el evento en el Extranjero? | ☐ Yes ☐ No | **If you have answered Yes**, please provide details about your journey<br>Date: From / / - To / /<br>Countries visited (attach copy of booking invoice or other relevant documents): Si ha sido asi, por favor aporte detalles del itinerario<br>Fecha: Desde / / - Hasta: / /<br>Países visitados (con copias de reservas u otros documentos relevantes) |

**3. PAYEE DETAILS** (To be completed by the policyholder)

Payments/transfers will automatically be made payable to the Policyholder(s).
El pago se hará directamente al asegurado mediante transferencia bancaria.

Bank Account's details:

……………………………………

✗

**CLAIM FORMS RECEIVED WHICH ARE INCOMPLETE WILL BE RETURNED TO THE POLICYHOLDER**

**4. ABOUT THE ILLNESS OR INJURY** (To be completed by the vet practice)

| | **ILLNESS OR INJURY 1**<br>**ENFERMEDAD O LESIONES 1** | **ILLNESS OR INJURY 2**<br>**ENFERMEDAD O LESIONES 2** |
|---|---|---|
| **Name of the illness or injury**<br>**If no diagnosis has been made, please give clinical signs**<br>**Nombre de la enfermedad o las lesiones**<br>**Si no se ha hecho diagnostico por favor indique los síntomas** | | |
| **Is this claim a continuation?**<br>**Es este siniestro una continuación?** | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **When did this illness or injury begin (as noted on your records)?**<br>**Cuando empezó la enfermedad o las lesiones?** | Date / / | Date / / |
| **Date of Treatment ?**<br>**Fecha de tratamiento?** | Date / / - Date / / | Date / / - Date / / |
| **Did death or euthanasia result from this illness or injury?**<br>**La muerte o la eutanasia de la mascota ha sido como consecuencia de la enfermedad o las lesiones que reclama?** | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **If the pet was put to sleep, did you recommend this?**<br>**Si se practicó la eutanasia a la mascota, lo recomendó Ud.?** | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | |
| **When was this pet first registered at your practice?**<br>**Fecha de primer registro en su clínica?** | Date / / | |
| **If this pet has been referred, please give the name and telephone number of the practice which referred it.**<br>**Si esta mascota ha sido referida indique el nombre y el teléfono de la consulta que lo ha remitido.** | Name / Nombre<br>Address / Direccion<br><br>Telephone number<br>Número de teléfono | |
| **To your knowledge has this pet been seen before for:**<br>**Tienes conocimiento si dicha mascota ha sufrido lo siguiente con anterioridad:** | ● This illness or injury<br>Esta enfermedad o lesiones<br>● Any similar related illness or injury or<br>Otra enfermedad similar o lesiones similares o<br>● Any similar or related clinical signs<br>Algunos síntomas similares o relacionados con esta enfermedad | ☐ Yes ☐ No |
| | If Yes, please provide the history with dates<br>Si es así, proporcione el historial con fechas | Date / /<br>Date / / |

| | | |
|---|---|---|
| **Is any part of this claim for dental treatment**<br>**Hay parte de esta reclamación por tratamiento dental** | ☐ Yes ☐ No | **If you have answered Yes**, please enclose a full dental history over the last 2 years |
| **Is any part of this claim for treatment of a urinary problem?**<br>**Hay parte de esta reclamación por problemas urinarios** | ☐ Yes ☐ No | |
| **If Yes: is the cost of diet food included in this claim?**<br>**¿Si es así, el coste de la dieta está incluido en la reclamación?** | ☐ Yes ☐ No | **If Yes,** please provide the name of the diet food being used and total cost being claimed<br><br>Name<br><br>Amount € |
| **Where crystals present?**<br>Presentaba residuos? | ☐ Yes ☐ No | **If Yes,** are the Crystals:<br>☐ Oxalate ☐ Struvite ☐ Other<br><br>If other please specify: |
| **Please give dates of last two urine tests**<br>**Fechas de los dos últimos análisis de orina** | Date / / - Date / / | |
| **Are any of the above conditions of a congenital/ hereditary nature?**<br>**La enfermedad es hereditaria / congénita?** | ☐ Yes ☐ No | |
| **Did death or euthanasia result from this illness or injury?**<br>**La muerte o eutanasia han sido a consecuencia de la enfermedad o lesiones?** | ☐ Yes ☐ No | **If euthanasia did you recommend this?**<br>**Ud. ha recomendado la eutanasia?**<br>☐ Yes ☐ No |
| **In connection with treatment claimed did you:**<br>**En relación al tratamiento reclamado por Ud.:** | Make a **house visit?** ☐Yes ☐ No **or provide** out of hours treatment? ☐Yes ☐ No<br>Lo ha atendido en el domicilio del cliente? Si No O lo ha atendido fuera de su horario de trabajo?<br><br>If Yes, why was this house visit/out of hours treatment necessary?<br>Si es asi, diga el motivo: | |
| **Total amount claimed (inc. IVA)**<br>**Total reclamado (incluido el IVA)** | Illness or Injury 1: €<br>Enfermedad o lesiones 1: €<br>Please enclose full invoices to support this claim listing dates, treatments and medication.<br>Por favor adjunte facturas detalladas (fechas, tratamientos y medicacion, etc) | Illness or Injury 2: €<br>Enfermedad o lesiones 2: €<br>Please enclose full invoices to support this claim listing dates, treatments and medication.<br>Por favor adjunte facturas detalladas (fechas, tratamientos y medicacion, etc) |

## 5. DECLARATION BY THE VETERINARY PRACTICE

| | | |
|---|---|---|
| I have completed this claim form. As far as I know the information is correct. The fees charged are no higher than the normal practice fees. | Name<br>Nombre:<br><br>Signature<br>Firma ✗<br><br>Date / /<br>Fecha: / /<br>Practice No.<br>Número colegiado. | Vet Stamp<br>Sello de la clínica |

## 6. DECLARATION BY THE POLICY HOLDER

Are you happy for Ibex to provide the Veterinary Practice identified on this form with information about your policy in respect to this claim?
Autoriza a Ibex a proporcionar sus datos en respecto su póliza al veterinario en esta reclamación?
☐ Yes ☐ No

I declare that the details given are correct to the best of my knowledge and agree that any vet who has treated my pet may provide any information the company may require to process my claim. I confirm that payment is to be made as indicated above.

Signature ✗ Date / /

Signature ✗ Date / /