



Certificate number	
Claim number	

## EQUINE CLAIM FORM

Stoneways Insurance Services Ltd, Muscott House, 6 Meadow, Godalming GU7 3HL Tel: 01483 426966 Fax: 01483 418834

**Section 1** For completion by the policy holder

Your name \_\_\_\_\_  
 Your address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post code \_\_\_\_\_  
 Telephone number \_\_\_\_\_ email address \_\_\_\_\_

Please choose **ONE** of the following methods by which payment is to be made:

Directly into your bank account using BACS transfer. Please provide your bank details:  
*(notification of payment will be by email - please ensure you have provided this above)*

Payee name  Sort code 

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Bank account number 

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By cheque to yourself using the contact details above.

By cheque to your vet - if this is required please provide the payee name:

Payee name

Animals name \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Colour \_\_\_\_\_

Freeze mark \_\_\_\_\_ Date injury/illness first noticed \_\_\_\_\_

Details of injury/illness being claimed for \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This claim form is for a single claim, if more than one claim is being made a separate claim form must be completed for each claim.

Amount of claim Vets fees \_\_\_\_\_ Death/theft/loss of use \_\_\_\_\_

I claim for the above amount(s), I have no other policy that I am making a claim under.

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

**Section 2** For completion by attending veterinary surgeon

**Veterinary fee claim**

Does the animal treated correspond to the description above? Y/N

Date & time you were first advised of this injury or illness \_\_\_\_\_

Date & time of your first attendance \_\_\_\_\_

Date(s) of subsequent consultations \_\_\_\_\_

What were the symptoms exhibited? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What was your diagnosis? This is a single claim form, if more than one condition or illness is being treated then a separate claim form must be completed for each claim and any invoice should be split between claims.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In your opinion, how long has the horse had this condition/complaint? \_\_\_\_\_  
If x-rays taken, conclusions \_\_\_\_\_

Period and nature of treatment \_\_\_\_\_

If alternative treatment has been undertaken, was this done at your recommendation? \_\_\_\_\_

In your opinion will the condition be likely to recur? \_\_\_\_\_

In your opinion, is it likely that the condition will result in a permanent disability? \_\_\_\_\_

Is another condition/incident being treated concurrently Y/N

If yes please detail \_\_\_\_\_

Have you previously attended the animal? Please give details of date and conditions treated whether you consider this relevant to the claim or not?  
\_\_\_\_\_

Do you identify the horse as one which you examined for purchase or insurance? \_\_\_\_\_

Are you the horse's usual veterinary surgeon/practice? If not please advise us of the regular vet if known to you.  
\_\_\_\_\_

Give any other observations and prognosis on this case \_\_\_\_\_

Split of fees relating to this claim	1. Livery	_____	
	2. Cost of destruction and disposal	_____	(these are not covered and will be deducted)
	3. Charge for completion of claim form	_____	(these are not covered and will be deducted)
	4. Cost of treatment	_____	
	Total	_____	

### Section 3 For completion by attending veterinary surgeon for loss of use claims

#### Permanent Incapacity statement

In my opinion the horse cannot in future be used or kept other than for (eg light hacking etc): \_\_\_\_\_

For the following reasons \_\_\_\_\_

### Section 4 For completion by attending veterinary surgeon for death or destruction claims.

#### Death or destruction

If death was due to accident or disease state date on which death occurred \_\_\_\_\_

How long had the condition been in existence? \_\_\_\_\_

Cause of death \_\_\_\_\_

If death was due to euthanasia, date on which euthanasia was administered \_\_\_\_\_

For what reason was it undertaken? \_\_\_\_\_

Results of post mortem \_\_\_\_\_

### Section 5 For completion by attending veterinary surgeon on all claims.

I, the undersigned, do hereby declare that to the best of my knowledge and belief, the foregoing particulars are true and correct

Signed \_\_\_\_\_ MRCVS/FRCVS Date \_\_\_\_\_

Name \_\_\_\_\_

Name & Address of Practice \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone number \_\_\_\_\_ email address \_\_\_\_\_

**Stoneways Insurance Services Ltd**

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