

# ANIMAL INJURY/ILLNESS INCIDENT REPORT FORM

Please return completed form & Supporting documents to: **Roger Rich & Co Ltd, 2a Marston House, Cromwell Park, Chipping Norton, Oxfordshire, OX7 5SR** or Email: **enquiries@rogerrich.co.uk**

POLICYHOLDER NAME: Mr/ Mrs/ Miss/ Ms \_\_\_\_\_

EMAIL: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

## PART 1: CONTACT DETAILS OF INJURED/ILL/LOST ANIMAL'S OWNER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO: (HOME) \_\_\_\_\_ (MOBILE) \_\_\_\_\_

EMAIL: \_\_\_\_\_

## PART 2: DETAILS OF INCIDENT (please continue on a separate sheet if necessary)

DESCRIPTION OF INCIDENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXACT LOCATION: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

AT THE TIME OF THE INCIDENT WHERE YOU:

Pet sitting at the owner's home

Grooming

Boarding the pet

Walking/exercising the pet

Transporting the pet

Other (please specify)

## PART 3: ANIMAL'S INJURY/ILLNESS DETAILS

PART OF BODY INJURED (Place tick in appropriate box)

Head & Neck	<input type="checkbox"/>	Leg	<input type="checkbox"/>	Tail	<input type="checkbox"/>
Eyes or Face	<input type="checkbox"/>	Paw	<input type="checkbox"/>	Belly	<input type="checkbox"/>
Back	<input type="checkbox"/>				

If Other, or multiple, please describe:

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NATURE OF INJURY/ILLNESS (Place tick in appropriate box)

Multiple	<input type="checkbox"/>	Fracture	<input type="checkbox"/>	Burns/Scalds	<input type="checkbox"/>
Sprain	<input type="checkbox"/>	Minor Cut/Laceration	<input type="checkbox"/>	Major Cut/Laceration	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>	Ligament Damage	<input type="checkbox"/>	Swallowed foreign/toxic object	<input type="checkbox"/>
Dog bite	<input type="checkbox"/>	Dental	<input type="checkbox"/>	Torn claw	<input type="checkbox"/>

If Other, or multiple, please describe: \_\_\_\_\_

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WAS THE ANIMAL TAKEN TO A VET? YES or NO (delete as appropriate)

NAME OF VET: \_\_\_\_\_

ADDRESS OF VET: \_\_\_\_\_

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TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

IS THIS THE ANIMAL'S USUAL VET? YES or NO (delete as appropriate)

IF YOU HAVE A COPY OF A VET BILL PLEASE PROVIDE IT AS AN ATTACHMENT IN YOUR RETURN MAIL IN CASE OF INJURY OR ILLNESS, WE WILL ALSO REQUIRE A PRINT OUT OF THE ANIMALS MEDICAL HISTORY

## PART 4: WITNESS \* DETAILS

\* Eyewitnesses witnessed the incident; circumstantial witnesses witnessed the events leading up to or following the incident. Additional witnesses' details should be provided on attachment.

ATTACH STATEMENTS FOR ADDITIONAL COMMENTS

NAME OF WITNESS TO INCIDENT: \_\_\_\_\_

ADDRESS OF WITNESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RELATIONSHIP TO POLICYHOLDER/ OWNER OF PET: \_\_\_\_\_

(If more than one witness, please provide details on separate sheet)

## PART 5: ANIMAL LOST/STOLEN

HOW LONG HAS ANIMAL BEEN MISSING FOR: \_\_\_\_\_

WHAT STEPS HAVE BEEN TAKEN TO FIND MISSING ANIMAL: \_\_\_\_\_

HAS THE INCIDENT BEEN REPORTED TO THE POLICE? YES or NO (delete as appropriate)

IF YES PLEASE PROVIDE CRIME REFERENCE NUMBER: \_\_\_\_\_

## PAYMENT DETAILS

Should a payment become due under your insurance policy, your Insurers' preferred method of settlement is by BACS transfer and if this is convenient to you please complete the following:

Account name:  Account number:   
Bank name:  Sort Code:

Please read the below carefully. No claim can be progressed unless the declaration has been signed.

## DECLARATION

I understand that the making of a fraudulent claim or knowingly exaggerated claim or providing untrue information is a criminal offence likely to lead to prosecution. I confirm that the information given on this form is, to the best of my knowledge and belief, true in every respect and that the amounts claimed have not been refunded to me or anyone else from any other source.

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

Name (block capitals) \_\_\_\_\_