

LIVESTOCK CLAIM FORM

Please complete this form as fully as possible. If there is insufficient space please use a separate sheet of paper.

If the amount claimed exceeds £250 the **Veterinary Surgeons Report** on page 4 must be completed (at the Policyholder's expense).

All claims must be supported by an **independent valuation** to confirm the amount claimed.

ABOUT THE POLICYHOLDER

Name of
Policyholder

Policy No.

Address

Tel. No.

Email

Occupation

Are you registered for VAT?

Can you recover VAT in respect of this claim?

DETAILS OF THE ANIMAL(S)

Type of animal
and breed?

Sex

Age

Name and/or number

Colour and any
distinguishing marks

Market value at time
of death or injury

For what purpose was the
animal used prior to its
death or injury?

DETAILS OF CIRCUMSTANCES

Date of the incident that caused the death or illness of the animal(s)

Time

Where did it occur?

Describe what happened

In the case of death, what was the cause?

Where is the animal now?

If the incident occurred whilst the animal was in transit, was the vehicle being operated by a Livestock Haulier?

If yes please give name and address of haulier

If you believe the incident was the fault of another party please state who, and why?

Did a Vet attend the animal?

When did the Vet first attend the animal?

Name and address of the attending Vet

The Vet must complete the Veterinary Surgeon's Report on page 4 if the amount claimed exceeds £250

Name of any witness to the incident, or the person who discovered the animal

Relationship of this person to the Policyholder eg. employee, neighbour

DETAILS OF CLAIM

Was the animal home-bred?

If not, then when
was it purchased?

What was the purchase price?

Have you received any payment for the value of the carcass?
If so how much?

What was the market value of the animal at the time of its death?

You must provide an independent valuation to confirm the market value of the animal

How much are you claiming (market value less any carcass value)?

What was the total market value of all of your livestock at the time of the incident?

Is there any other insurance in force on the animal that would cover this incident?

If yes, please give details

Please insert here any other
information that you wish to
provide in connection with
this claim

DECLARATION

I/We declare that the information given on this form is true to the best of my/our knowledge and belief. I/We understand that information may be requested from other parties to check the information that has been given.

Signature

Date

Print name

Position

VETERINARY SURGEON'S REPORT

Insert name of attending Vet, who is completing this form

I certify that I have attended the animal described below, and provide the following information in connection with an insurance claim

DESCRIPTION OF THE ANIMAL

Type of animal and breed?

Sex

Age

Purpose of use

Name and/or number

Colour and any distinguishing marks

DETAILS OF THE INJURY OR ILLNESS

When did you first attend the animal?

When did you last attend the animal?

What caused the injury or illness?

What was the cause of death?

If the animal was slaughtered, was this on compassionate grounds in order to end its suffering?

If so, did you (or another qualified Vet) authorise this?

Was a post mortem examination carried out? If so please give details

Do you believe the injury, illness or death of the animal has been brought about or accelerated by the actions of the owner or his employees?

DECLARATION

I hereby certify that the information given above is true to the best of my knowledge and belief, and that no information which ought to be given has been withheld by me.

Signature

Date

Print name and show qualifications

Stamp of Veterinary Practice