

Gun Dog Veterinary Fee Report Form



Please return the completed form to: shooting@woodgate-clark.co.uk

Insured:	
Policy Number:	
PART 1: CONTACT DETAILS OF OWNER	
Name:	
Mobile Number:	
Home Number:	
Business Number: (OPTIONAL)	
Address:	
PART 2: DETAILS OF INCIDENT	
Description of Incident:	
Exact location:	
Date of incident:	
Time of incident:	

PART 3: ANIMAL'S INJURY DETAILS

PART OF BODY INJURED: (Please tick in appropriate boxes below)

Head & Neck	
Eyes or Face	
Back	
Leg	
Paw	
Tail	
Belly	
If other, or multiple, please describe:	

NATURE OF INJURY (Please tick in appropriate boxes below)	
Multiple	
Sprain	
Fracture	
Minor Cut/ Laceration – No stitches	
Burns/ Scalds – requiring medical attention	
Superficial	
Dislocation	
Ligament Damage	
Cut/Laceration requiring Stitches	
No Apparent Injury	
If other, or multiple, please describe:	

WAS INJURED ANIMAL TAKEN TO A VET? (Please tick in appropriate box)	
Yes	
No	
Name of Vet:	
Address of Vet:	
RECORD OF INCIDENT:	
Video/ closed circuit	
Photo	
None	

IF YOU HAVE A COPY OF A VET BILL PLEASE PROVIDE IT AS AN ATTACHMENT IN YOUR RETURN EMAIL

PART 4: WITNESS * DETAILS

*Eyewitnesses witnessed the incident; circumstantial witness 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 ACCIDENT:	
ADDRESS OF WITNESS:	
Mobile Number:	
Home Number:	
Business Number: (OPTIONAL)	
TYPE OF WITNESS: (Please tick in appropriate box)	
EYE WITNESS	
CIRCUMSTANTIAL WITNESS	
RELATIONSHIP TO INSURED:	
If more than one witness, please provide details	

Forward to: Woodgate & Clark Ltd
42 Kings Hill Avenue, Kings Hill,
West Malling Kent ME19 4AJ

WE MUST RECEIVE THE COMPLETED CLAIM FORM WITHIN 28 DAYS OF THE EVENT

Failure to do so may prejudice your claim