



**PETtrac**  
4th Floor, Clarendon House  
Victoria Avenue, Harrogate, HG1 1JD

**Tel:** 01423 447 375  
**Email:** [PETtracClaims@ncionline.co.uk](mailto:PETtracClaims@ncionline.co.uk)  
**Web:** [www.insurewithpettrac.co.uk](http://www.insurewithpettrac.co.uk)

Thank you for requesting a pre-authorisation form.

To help us process your pre-authorisation as quickly as possible, please complete the first page of the form in full and ask your vet or therapist to complete the second page. Please also send us the following information:

- Your pet's full medical history
- Fully itemised estimate
- Referral report (if applicable)

If your pre-authorisation includes complementary or behavioural treatment:

- Confirmation from your vet that they have recommended the treatment

You can send us your pre-authorisation form by email at [PETtracClaims@ncionline.co.uk](mailto:PETtracClaims@ncionline.co.uk), or by post to PETtrac Pet Insurance, 4th Floor, Clarendon House, Victoria Avenue, Harrogate, HG1 1JD. For ease these addresses are on the top of the pre-authorisation form.

We aim to process all pre-authorisations as soon as possible after receiving your completed form and supporting information. If we need anything further, we will contact you. We may contact you by phone, letter, text or email about this pre-authorisation or your policy, using the details you provide on this form.

Once your pre-authorisation has been processed, we will tell you if we are able to cover the treatment, the estimate amount and if there will be any deductions. These may include your excess, costs not covered or any amount over your cover limit. If we are unable to consider any part of your pre-authorisation, we will explain why.

If you have any questions or need help filling out the pre-authorisation form, please email us at [PETtracClaims@ncionline.co.uk](mailto:PETtracClaims@ncionline.co.uk) or call us on **01423 447 375**.

### **In what capacity will we act?**

We will act as your agent when sourcing a policy and act as the agent of the insurer when we handle any claim you make.

If you do not wish for us to act as the agent of the insurer in assisting with the claim, please let us know and we shall immediately pass your claim to the insurer.

Kind regards

*Craig Lambert*

**Pet Manager**  
PETtrac Pet Insurance

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PETtrac Pet Insurance policies and claims are administered by NCI Insurance Services Limited which is an Appointed Representative of Jigsaw Insurance Services Limited. NCI Insurance Services Limited is a wholly owned subsidiary of Jigsaw Insurance Services Limited which is part of the PIB Group.



# Pre-authorisation Form for Veterinary Fees

<b>Policy number:</b>	<input type="text"/>
<b>Claim ref:</b>	<input type="text"/>

## 1a – Policyholder details (to be completed by the customer)

<b>Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Home phone no.</b>	<input type="text"/>
<b>Mobile phone no.</b>	<input type="text"/>
<b>Email address</b>	<input type="text"/>

## 1b – Details of your pet (to be completed by the customer)

<b>Name</b>	<input type="text"/>
<b>Pet type</b>	<input type="text"/>
<b>Breed</b>	<input type="text"/>
<b>Date of birth</b>	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
<b>Date of purchase</b>	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
<b>Preferred contact method</b>	Mobile <input type="text"/> Home phone <input type="text"/>
	Email <input type="text"/> Post <input type="text"/>

## 2 – Details of your pet’s condition (to be completed by the customer)

<b>Name of condition as advised by your vet</b>	<input type="text"/>
<b>Date you first noticed your pet was injured or unwell</b>	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y

### Veterinary surgeries where your pet has been registered before:

Practice name Address Postcode Tel. no Date last registered	Practice name Address Postcode Tel. no Date last registered	Practice name Address Postcode Tel. no Date last registered
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## 3 – Customer declaration

I declare to the best of my knowledge and belief, the information I have given true and complete.  
I agree that PETtrac may seek any information it requires from any veterinary practice.

Print name	Signature	Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
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#### 4 – Detail of the claim (to be completed by the veterinary practice)

**Name of the illness/injury**  
*(If no diagnosis has been made, please detail clinical signs)*

**When did this condition begin?**

D	D	M	M	Y	Y
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**Has the pet been treated for this condition or a similar/related condition before?**

*(If yes, please provide a copy of the appropriate clinical history with dates etc.)*

Yes

No

**Proposed treatment dates**

From 

D	D	M	M	Y	Y
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To 

D	D	M	M	Y	Y
---	---	---	---	---	---

**Estimate of costs (inclusive of VAT)**

£

**\*\*\* Please include the pet's full medical history \*\*\***

**If the pet has been referred, please provide the details of the practice that referred the pet.**

Practice name

Address

Postcode

**Tel. no.**

**Email**

#### 5 – Veterinary practice declaration (to be completed by veterinary practice)

I declare that all the information I have given on this form is correct to the best of my knowledge and belief.

**Print name**

**Vet practice stamp**

**Position in practice**

**Signature**

**Date**

D	D	M	M	Y	Y
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**Date pet first registered at this practice**

D	D	M	M	Y	Y
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