



Clinical History listing (16.06.2016) for Miss S Roberts : William

Species : Feline Colour: Tabby Breed : DSH
Age : 11y 2m Sex : MN Weight: 3.20 Kgs.
ID Chip :

Date	Details
19.02.16	30 x FRUSEMIDE 20mg TAB half tablet once daily 50 VETMEDIN 1.25mg tabs half tablet once daily
27.02.16	Consultation coughing bit more - daily episodes, lasting up to 1-2 min. Q bright bewteen. App vv good. Chest sds clear & ht sds good, pulses ok. Suspect cough is asth- related, not CHF. Arr re-scan ht Mon
29.02.16	Ultrasound Scan of heart Today - Ventricular septal wall 0.76cm, LVexternal wall 0.92cm, left atrial diam 1.32cm. LV wall thickness sl increased but atrial size same, no smoke. Changes to heart only sl so suspect cough is more resp related cont heart meds & SA 4m Repeat medication authorised vetmedin, frus Next check-up due in 16 weeks
19.04.16	30 x FRUSEMIDE 20mg TAB half once daily 100 VETMEDIN 1.25mg tabs half tab every 12 hours
26.04.16	vetmedin pricing error: 100 VETMEDIN 1.25mg tabs Give tabs every 12 hours 1 hr before food 100 VETMEDIN 1.25mg tabs (Credit) sort cost next time we see left message re above. rb
28.05.16	been away at mothers while O on hols - since back (2d) quieter & cough worse. App ok, has lost bit of wt HR240, murmur as before, pulse not too bad. Chest sl wheeze; suspect some incr congestion - adv frus 10mg BID & review next w also, in case bit of incr asthma: Inject 0.40 mls DEXADRESON

continued on next page ...

Heath Veterinary Group
123-125 Heol-y-Deri, Rhiwbina
Cardiff, CF14 6UH
029 2062 1511

Also at:
Heath, Cyncoed and Danescourt

www.heathvets.co.uk



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Itemised Breakdown of Work Done for Insurance Claim



Pet's Name : William (Ref: 53188)
Species: Feline Breed: DSH
Sex: MN Age: 11y 2m

Owner: Miss S Roberts
Flat 6, Forest Court
Pontcanna
Cardiff

	Fees	Drugs	VAT	Total
19.02.16 30 x FRUSEMIDE 20mg TAB		7.93	1.59	9.52
50 VETMEDIN 1.25mg tabs		25.43	5.08	40.03
27.02.16 Consultation	29.58		5.92	75.53
29.02.16 Ultrasound Scan of heart	50.00		10.00	135.53
19.04.16 30 x FRUSEMIDE 20mg TAB		7.93	1.59	145.05
100 VETMEDIN 1.25mg tabs		25.05	5.01	175.11
26.04.16 100 VETMEDIN 1.25mg tabs		44.55	8.91	228.57
100 VETMEDIN 1.25mg tabs (Credit)		-25.05	-5.01	198.51
28.05.16 Inject 0.40 mls DEXADRESON		6.30	1.26	206.07
31.05.16 30 x FRUSEMIDE 20mg TAB		8.18	1.64	215.89
01.06.16 Inject 0.35 mls CONVENIA		18.78	3.76	238.43
Consultation (repeat)	24.59		4.92	267.94
Total	104.17	119.10	44.67	267.94

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Species : Feline Colour: Tabby Breed : DSH
Age : 11y 2m Sex : MN Weight: 3.20 Kgs.
ID Chip :

Date	Details
31.05.16	30 x FRUSEMIDE 20mg TAB half tab once or twice daily
01.06.16	WEIGHT = 3.20 kgs. no better w steroid - poss MORE congested sd, according to O - could be some flu elements? Also reports hoarse voice, app picky & quiet; poss sore throat? - try ab: Inject 0.35 mls CONVENIA Consultation (repeat) AVOID STEROID IN FUTURE . See again 7-10 days CT

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Vet must fill in this section about each condition (We only accept claim forms from veterinary practices)

Please advise the date
this pet was registered
at your practice.

27.4.15

Was this pet referred to a complementary
treatment professional?

Yes ☐ No ☒

If Yes, please advise the condition

If this pet was referred to you, please advise
the name and address of the registered vet

If Yes, please also complete Sections G & H

Did any condition being claimed result in the
death or euthanasia of the pet?

Yes ☐ No ☒

Date of death

Postcode

If a house call was made, you must confirm in writing why it was absolutely essential

What are the main clinical signs?

Condition 1

Coughing

What is the diagnosis? (This must be completed)

Continuation

Please tell us the treatment dates for this claim

From 19.2.16 To 1.6.16

From To

Have you filled in a claim for this condition before?

Yes ☒ No ☐ Don't know ☐

Yes ☐ No ☐ Don't know ☐

If yes, treatment dates from the previous claim

From See Previous

From To

IF THIS IS A NEW CLAIM, PLEASE COMPLETE THE FOLLOWING QUESTIONS AND FORWARD THE FULL MEDICAL HISTORY.

Please tell us the date or the number of days before the first date of treatment, that the clinical signs were first noticed.

Days Date

Days Date

Has this pet had this condition or clinical signs before, or any related
condition or clinical signs before?

Yes ☒ No ☐

Yes ☐ No ☐

(If 'Yes' we will need the medical history to show the dates and full details)

G Complementary treatment (N.B. If the claim involves complementary treatment this section of the claim form must be filled in by a vet and not the complementary treatment professional. Please ensure a copy of the referral letter and invoice(s) are attached.)

What complementary treatment did you refer this pet for?

If you have not attached a copy of the referral letter or the
letter does not contain the following information, please tell us:

What condition is the complementary treatment for?

How many sessions have you recommended?

Please tell us the cost of complementary treatment

What organisation does the complementary treatment professional belong to?

Please explain how this treats the condition.

H The attending vet or a person authorised by the vet must fill in and sign this section

Please advise the cost of treatment incl. VAT

Condition 1 £267.94

Condition 2

I declare to the best of my knowledge and belief, that all information provided in this claim
form is true and complete.

The fees I have charged are no more than the fees I would normally charge my clients.

Veterinary Surgeon's Signature: Loune Chomes

Date:

Printed Name: Loune Chomes RVN

Email address of the Veterinary Practice:

Practice Stamp

HEATH VETERINARY GROUP
Pet Health Centre
123/5 Heol Y Deri Rhiwbina
Cardiff CF14 6UH
Tel: (029) 20 621511

Postcode:

IMPORTANT: Please ensure that a dated and itemised breakdown of all treatment costs is attached to the claim form before you send it to us. This must state fees for consultation, prescription charge, hospitalisation, X-rays, tests/pathologies, general anaesthetic, surgery, medication and any other fees and costs must be clearly itemised for each condition.

Claim Form

To be completed and returned to: Argos Pet Insurance, Freepost – RSTK-EEBG-CJYS, PO BOX 16282, Birmingham B2 2XH
or for a quicker way of submitting your claim to us please email a scanned copy to claims@argospetinsurance.co.uk

A About you (the Policyholder)

If your name or address has changed, please tick ☐

Name, address and postcode

FLAT 6 FOREST COURT,
SEVERN GROVE,
CARDIFF,
CF11 9EP

Tel Number
(mobile preferred)

07980793946

Email

celt-sk@hotmail.co.uk

If you provide us with your mobile number and email address, we can let you know we have received your claim form.

Policy number

RSA P7809 417200

Policy Start Date

07/03/2015

Level of Cover

Silver ☐

Gold ☐

Platinum ☐

PLEASE NOTE that if any section of the form is not filled in, it may delay your claim – you MUST fill in sections A to E.
Please also read the following notes before submitting any claim and have your policy wording to hand for full details:
Your policy does NOT COVER in whole or as part of a claim:

- Any condition that started before the cover start date
- Any condition that started within the qualifying period of the cover start date
- The excess specified in your policy schedule
- Food
- Flea treatment
- Wormers
- Vaccinations
- Dental treatment unless caused by injury

If this is a claim for a new condition, please ensure the full medical history is attached to the claim form.

B About your pet

Your pet's name (* multipet)

WILLIAM

* If you have more than one pet insured with us, please ensure you enter the correct pet's name and only one claim form per pet.

Cat ☒

Dog ☐

Male ☒

Female ☐

Breed

TABBY

Date of birth

2005

Has your pet been neutered/spayed?

Yes ☒

No ☐

What is the weight of your pet?

320 kgs

Note: If you are not sure about any of the above information, please ask your vet to complete this for you.

C About your pet's condition

Name of condition as advised by your vet

COUGHING

Please tell us when you first noticed your pet was unwell or injured, that led you to make an appointment with your vet.

Time & Date 30/04/2015

Did you contact our vetfone service?

Yes ☐

No ☒

Was your pet under your care at the time of the illness/injury/incident?

Yes ☒

No ☐

If no, please provide the name and address of any authorised third party looking after your pet at the time of the incident

If your claim is for an injury, do you believe that another person was at fault? If so, please provide details separately.

Yes ☐

No ☐

D Your previous veterinary practices (Please tell us all vet(s) where your pet was previously registered)

Practice name

Address

Postcode

Phone number

Date: from

to

Practice name

Address

Postcode

Phone number

Date: from

to

Please tell us your name and address at that time, if it was different to the name and address in Section A.

Postcode

E Your signature (Please complete boxes a, b & c to tell us who to pay)

I declare, to the best of my knowledge and belief, that all the information provided in this form is true and complete. I agree that Argos Pet Insurance may seek any information it requires from any vet. I accept that the information provided may be released to other companies who provide a service to Argos Pet Insurance in connection with managing and handling claims.

a Who would you like us to pay:

☒ Policyholder

☐ Joint policyholder

☐ Vet/Organisation

☐ Someone else, named below:

Payee name SARA ROBERTS

b How would you like to be paid:

☒ BACS – IMPORTANT: For Policyholders paying by direct debit ONLY.

We will pay any settlement due directly into the account within 3-5 working days.

☐ Cheque – For joint policy holder, vet, third party or to opt out of BACS payment.

c Your signature:

☒ Policyholder

☐ Joint policyholder

Signature: *Sara*

Date: 08/06/16

Please note: if we decide we cannot pay some or all of your claim, it is your responsibility to pay your vet. BACS (Bankers Automated Clearing System) payment option is only available if payment is to be made to the policyholder and if you pay your premium by direct debit.