

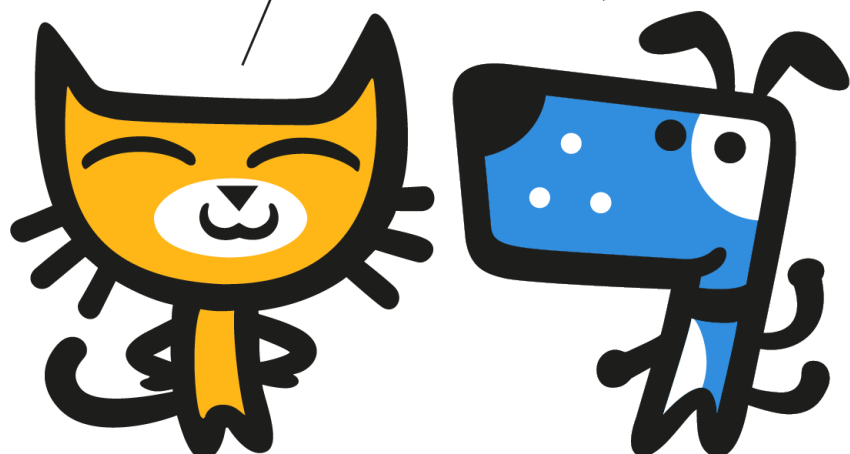
# Scratch & Patch

## Scratch & Patch Pet Insurance

Champ 4.0

Here's the small print.  
What you're covered for...

...and what you're not!



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Welcome to Scratch & Patch pet insurance. Thank you for choosing to insure your pet(s) with us. We are delighted to bring you and your pet(s) into our community of customers.

The long-term health and happiness of your pet is important. This can be achieved through exercise, feeding them well, providing a loving home and taking care of their routine health needs such as vaccinations and regular check-ups by your vet. Sometimes, pets become ill or have an accident which needs veterinary attention and this is where pet insurance can be of help from a financial point of view. We provide cover for this in the UK and within the EU (while you are travelling with your pet) as standard.

Our policy also includes other useful sections of cover and a telephone careline for you to use if you want to check something out about your pet's health without needing to go to a vet or if something troubles you outside of normal practice hours.

This policy booklet along with your schedule will provide you with all the information you need to understand exactly what cover is provided, the terms and conditions of your cover as well as how to make a claim, amend your cover or tell us about changes.

At Scratch & Patch our aim is to provide a first-class level of service at all times and we want you to be delighted with this. We will ask for your feedback but if at any time you are not entirely happy please let us know, our contact numbers are included throughout the booklet and our complaints procedure is included on page 24.

We value your opinion and custom and are always looking for ways to improve. We hope that your pet lives a long, happy, and healthy life but if things go wrong, we will be there to help.

## **Scratch & Patch**



# Your policy

This is **your policy** wording.

Please read the **policy** together with **your schedule**, **statement of fact** and **veterinary medical screening declaration** as these documents together form the legal contract between **you** and the **insurer**. In deciding to accept this insurance and in setting the terms and premium, **we** have relied on the information **you** provided when **you** applied for this insurance. This is shown in the **statement of fact** and **medical screening declaration**.

Please read the **schedule** to see which cover **you** have purchased, the limits and **excess** that apply and whether it is in force.

**We** recommend that **you** take time to check the documents **we** have sent **you** as soon as possible, they contain **your** information, **your pet's** cover details, the **period of insurance** and the premium. All the sections of cover apply to **dogs**. Cats are covered for all sections except section C – third party liability. The level of cover provided under each section is detailed in **your schedule**.

If any of the information is incorrect or the **policy** does not meet **your** needs, please call **our** Customer Service team on **0330 1026839** and they will be able to help **you**. **You** can also call this number if **you** have any questions about **your policy**.

Please ensure that **you** fulfil the obligations set out below in What to do if you have a claim, Cancelling **your policy**, Important customer information, Keeping **your policy** up to date, and Conditions applicable to all sections of cover. Not doing so may affect a claim or could result in **your** insurance being invalid.

**We** agree to provide the cover set out in this **policy** and **your schedule** subject to **you** paying the correct premium and taxes due and complying with the terms and conditions of this **policy**.

**We** can choose not to offer renewal of **your policy**. If **we** do, **we** will let **you** know before the renewal date so that **you** have time to make any alternative arrangements.

## Defined terms

The following words or phrases have the same meaning wherever they appear in this **policy**. Please note, unless specified otherwise, words denoting singular may also include plural and vice versa. These words will appear in **bold** throughout the **policy** from the point they are first defined onwards.

**Accident:** a sudden, unforeseen, external, and unintended event causing **injury to your pet**.

**Accepted associations:** any of the following, Association of British Veterinary Acupuncturists, Association of Chartered Physiotherapists in Animal Therapy, British Veterinary Rehabilitation and Sports Medicine Association, Canine Hydrotherapy Association, Institute of Registered Veterinary and Animal Physiotherapists, International Association of Animal Therapists, International Veterinary Acupuncture Society, International Veterinary Chiropractic Association, McTimoney Chiropractic Association, National Association of Registered Canine Hydrotherapists, National Association of Veterinary Physiotherapists, The Society of Osteopaths in Animal Practice.

**Alternative treatment:** homeopathic or herbal medicine, physiotherapy, hydrotherapy, acupuncture, osteopathy, laser **treatment** or chiropractic manipulation to treat **injury** or **illness** which is prescribed by and carried out by a **vet**, or the **treatment** is provided by a veterinary practice employee or a suitably qualified member of an **accepted association**.

**Additional Excess:** the amount stated on the **schedule** which is the amount **you** have to pay towards the cost of **your pet's treatment** in addition to the **excess** for the **conditions** declared by **you** in the **veterinary medical screening declaration** and accepted by **us** and noted therein and on **your schedule**. This additional **excess** is not payable where **your pet** has been insured by **us** under this **policy** for a period of 24 continuous months without receiving **treatment** for the named **condition**.

**Behavioural treatment:** treating a change to **your pet's** normal behaviour that is caused by a mental or emotional disorder which could not have been prevented by training and/or spaying/castration and which is carried out by a veterinary practice employee, a Certified Clinical Animal Behaviourist (CCAB) or a member of the Association of Pet Behaviour Counsellors (APBC) or Canine and Feline Behaviour Association (CFBA) and is considered necessary by a qualified **vet**.

**Bilateral conditions:** Specific **conditions** that are likely to effect both sides of **your pet's** body, for example their eyes, ears, knees or cruciate ligaments, whether they occur at the same time or separately. When applying the benefit limit or an exclusion, **bilateral conditions** are considered as one **condition**.

For a list of most common **bilateral conditions** we see, please go to: <https://scratchandpatch.co.uk/exclusions/>  
This is not a full or exhaustive list.

**Clinical sign(s):** Any change(s) in **your pet's** normal healthy state, appearance, its bodily functions, or demeanour, whether observed visually, through diagnostic testing, or otherwise.

**Condition:** Any manifestation of an **illness** having the same diagnostic classification or resulting from the same disease process regardless of the number of incidents or areas of **your pet's** body having been affected. Also relates to any **injury** sustained during or resulting from any one single **accident**.

**Dental treatment:** **treatment** to the teeth, mouth and gums of **your pet** needed as a direct result of an **injury** to **your pet**.

**Dog:** the **dog(s)** named on **your schedule**.

**Elective treatment, diagnostic or procedure:** Any **treatment**, diagnostic or procedure **you** request, which the **vet** confirms is not necessary.

**Excess:** The amount **you** have to pay towards the cost of **your pet's treatment** **you** are claiming for. This applies to each **injury** or **illness** claim that is not related to any other **condition** treated during the same **period of insurance**. If **you** submit further claims for the **treatment** **your pet** receives resulting from the same **condition**, but in a separate **period of insurance**, a new fixed **excess** will be applicable from the first claim for each **injury** or **illness** in all subsequent **periods of insurance**.

**EU:** – European Union

**EU countries:** the member states of the European Union

**Family:** **Your** husband, wife, civil partner, partner, parents, grandparents, brothers, sisters, sons, daughters, grandsons, and granddaughters.

**Financial Conduct Authority:** The Financial Conduct Authority is the independent watchdog that regulates financial services.

**Holiday:** a vacation or pleasure trip including at least one overnight stay outside the **UK** which commences and ends in the **UK**.

**Home:** The place in the **UK** where **you** usually live, and which is shown in **your schedule**.

**Illness:** any change(s) to a normal healthy state, sickness, disease, defects, and abnormalities, including defects and abnormalities **your pet** was born with or were passed on by its parents which is not caused by an **accident**.

**Injury:** physical damage or trauma caused immediately by an **accident**.

**Insurer:** This pet insurance is arranged by Scratch & Patch and underwritten by ETU Forsikring A/S. Scratch & Patch is a trading name of Only Pets Cover Limited who are authorised and regulated by the Financial Conduct Authority: FRN 840293 ETU Forsikring A/S Registered Office: Hærvejen 8, DK-6230 Rødekro, Denmark are authorised and regulated by the Finanstilsynet (the Danish Financial Regulator). Their Finanstilsynet authorisation reference is 108873. As an Insurance Company authorised within the European Union, ETU Forsikring A/S is permitted to conduct business within the United Kingdom and is authorised by the Financial Conduct Authority. Their UK Financial Conduct Authority authorisation number is 807534

**Period of insurance:** the period of time during which cover will be provided by **us** as stated in **your schedule**.

**Pre-existing condition:** Any **injury** or **illness** that:

- a. Happened or first showed **clinical signs**,
- b. Has been identified or investigated by a **vet**,
- c. Has the same diagnosis or **clinical signs** as an **injury, illness, or clinical sign your pet** had,
- d. Is caused by, relates to, or results from, an **injury, illness, or clinical sign your pet** had,

Or is otherwise known to **you** before the start date of **your pet's first period of insurance** (inception) or before the date the cover level on **your policy** was increased.

No matter where the **injury, illness** or **clinical signs** are noticed or happen in, or on, **your pet's** body.

This does not include any **injury, illness** or **condition** declared by **you** in the **veterinary medical screening declaration** and accepted by **us** and noted therein and on **your schedule**.

It does include any **injury, illness** or **condition** not declared by **you** in the **veterinary medical screening declaration** and any **injury, illness** or **condition** declared by **you** in the **veterinary medical screening declaration** and not accepted by **us** and any linked **conditions** which are shown as not covered therein and on **your schedule**.

**Pet:** the **dog(s)** and / or cat(s) named on **your schedule**. **Policy:** this insurance wording.

**Policy documents:** the **policy, schedule, statement of fact** and **veterinary medical screening declaration**. All to be read as one.

**Scratch & Patch:** a trading name of Only Pets Cover Limited.

**Schedule:** the document which contains important information about **you, your pet**, and **your policy** cover. It forms part of **your policy documents** which make up **your** legal contract with **us**.

**Statement of fact:** the information provided when applying for this insurance and which **you** have confirmed to be correct.

**Treatment:** any examination, consultation, advice, test, x-ray, slides, ultrasound, MRI, CT scan, specialist diagnostic testing or other diagnostic procedure, surgery, after care or nursing carried out by a **vet**, a veterinary nurse or veterinary practice employee under the supervision of a **vet**, and any medication legally prescribed by a **vet**.

**UK:** England, Scotland, Wales, and Northern Ireland.

**Vet:** A qualified veterinary surgeon currently registered with the Royal College of Veterinary Surgeons.

**Veterinary fees:** the reasonable, necessary, and essential amount **vets** normally charge to provide **treatment**. Every claim will be reviewed by **our** pet claims handler and compared to charges for the same or similar **treatment** locally to ensure that the fees meet this requirement. A maximum 100% mark up on the manufacturer's or wholesaler's price will be allowed on veterinary medicines including any dispensing fees.

**Veterinary medical screening declaration:** the veterinary information provided relating to **your pets** medical history when applying for this insurance and which **you** have confirmed to be complete, correct and up to date.

**We/Us/Our:** **Scratch & Patch** on behalf of the **insurer**.

**You, your:** the person named on **your schedule** as the policyholder

## What to do if you have a claim

The easiest and quickest way to submit **your** claim is via our online claims journey. All **you** will need to do is complete the required claim information through our online claim portal at: <https://scratchandpatchclaims.davies-group.com/>

**We** also accept claims submitted directly by **your vet** online. If **you** will be asking **your vet** to complete the claim process on **your** behalf then please provide them with the form at:

<https://scratchandpatchvetclaims.davies-group.com/>

All required supporting documentation can also be submitted via the online claims solution.

**You** can also notify **us** of a claim and obtain a claim form in the following ways:

Telephone: 0330 1026839 – Select Option 3.

Email: [claims@scratchandpatch.co.uk](mailto:claims@scratchandpatch.co.uk)

Our website:

[www.scratchandpatch.co.uk](http://www.scratchandpatch.co.uk).

Completed claims forms along with supporting documents should be sent by:

Email: [claims@scratchandpatch.co.uk](mailto:claims@scratchandpatch.co.uk)

Post:

Scratch & Patch Claims  
PO Box 8000  
Elland  
HX1 9ET

Please note that **we** do not currently offer pre-authorisation of any claim. All claims will be assessed on their own merits once the full claim information has been received.

**Your** claim should be notified to **us** within 60 days of any incident. **We** will not pay any claims for **vet** bills that are 12 months old or older when they are sent to **us**. Or;  
any unclaimed items displayed on an invoice which are 12 months or older than the date the claim is received.

If **we** request it, the attending **vet**, or **your** usual or previous **vet** must at **your** expense, provide **us** with all information about **your pet**, including its full clinical and medical history and / or the **treatment** provided.

**You** and **your vet** or other institution or person requested should complete the claim form without charge before it is sent to **us**. **We** cannot process any incomplete claims and will request any outstanding information before proceeding with any claim.

Where requested by **us**, **you** will need to provide an original receipt, certificate or other form of proof issued to **you**, at **your home** address, showing **your pet's** details, if relevant and providing itemised breakdown of the cost incurred and dates as appropriate. These are to be provided at **your** own cost.

Should **you** submit a claim without the required supporting documentation and fail to respond to any correspondence requesting this, **your** claim may be closed after 28 days. **You** must provide all necessary documentation in order for **your** claim to be assessed.

If **your pet** dies or is euthanised and **you** are making a claim under **your policy**, **you** must arrange at **your** expense for **your vet** to provide written confirmation stating the cause and date. If euthanised, **we** will require **your vets** written confirmation stating that this was necessary for humane reasons and to stop incurable suffering.



## Cancelling your policy

**You** can cancel **your policy** at any time by calling **us** on 0330 102 6839.

If **you** cancel within 14 days of the start date of the first **period of insurance** or the date **you** receive **your policy documents**, if later, then the **insurer** will refund any premium paid providing no claims have been made on the **policy**. **We** will charge **you** an administration fee as outlined in **our** Terms of Business.

If **you** cancel at any other time and no claims have been made against **you** or **your pet** the **insurer** will refund **your** premium less a pro-rata premium charge for **your** time on cover. **We** will also charge an administration fee.

If **you** cancel at any time and **you** have made a claim on the **policy** or if a claim has been made against **you** or **your pet** any remaining annual premium not yet paid, and **our** administration fee will become due. Where available, the remaining premium will be deducted from any claim payment due.

The **insurer** may cancel this **policy** by sending **you** 30 days' notice by recorded post to **your** correspondence address shown in the **schedule**. The **insurer** will only do this for a valid reason. The **insurer** will return any premium **you** have paid for any **period of insurance** remaining.

If **you** pay the premium in instalments and an instalment remains unpaid 15 days after the due date, **we** may cancel this **policy**. In this event, the **period of insurance** will equate to the period for which premium instalments have been paid by **you**. Before **we** cancel **your policy**, **we** will write to **you** in order to give **you** the opportunity to pay any premium due to **us**.

If **your policy** is cancelled or comes to an end for any reason, all cover for **your pet** will stop on the date the **policy** is cancelled/ends and no further claims will be paid.

## Important Customer Information

### Renewal

**Your policy** runs for a year at a time.

Each year, **we** reserve the right to amend the premium, **excess** and/or **policy** benefits, terms and conditions or not offer renewal. In doing this **we** will take into account the information **we** have about **your policy**, **your pet's** medical history, claims made and expected future **treatment** and claims costs. In general, premiums increase with the age of **your pet** and if claims have been made.

Should **we** decide to offer **you** a renewal of **your policy**, **we** will issue **your** renewal invitation and documents at least 21 days prior to **your** renewal date, so that **you** can make an informed decision about **your policy** and let **us** know if **you** do not want to renew. These will be sent to the email address **you** have provided to **us** (unless another method of communication has been requested).

**Your insurance contract** may automatically renew at the end of **your period of insurance**, where **we** will use the information and payment details **you** originally supplied. If **you** pay by Direct Debit, **we** will renew the **policy** automatically and continue collecting premiums unless **you** notify **us** that **you** wish to cancel. For payments by credit or debit card, **you** must submit a further payment if **you** wish to renew the **policy**. **You** will have 14 days to cancel the **policy** after the renewal date and receive a refund of any premiums paid for the new **period of insurance**.

**You** should take reasonable care to inform **us** of any changes since the **policy** started or was last renewed.

If **you** pay premium by instalments and have received a default notice in **your policy** term, **we** may not offer the monthly payment option when **you** are due to renew. If **we** cannot collect **your** first Direct Debit when **your policy** has renewed, **we** will assume **you** prefer to not continue **your** insurance and **we** will cancel **your policy** from **your** renewal date.

## Electronic documents

**Your policy documents, schedule, statement of fact and veterinary medical screening declaration** are available online and will be emailed to **you** to the email address **you** have provided to **us**. Therefore, **you** must give **us** a valid email address and keep **us** informed if this changes. However, communication will continue to be maintained via **your** chosen method.

## Giving us all the facts

When asked by **us**, if **you** do not reveal all relevant facts to **us your** insurance may not be valid and may not protect **you** if **you** need to make a claim. This duty applies at application stage, at renewal and during the **period of insurance of your policy**.

Occasionally, **we** are deliberately or recklessly given false information. If this happens, **we** will treat this insurance as if it never existed and decline all claims.

If **you** acted carelessly when giving **us your** information several things could happen:

1. If **we** provided insurance cover that **we** would not otherwise have offered, **we** will treat this insurance as if it had never existed. If this happens, **we** will give **you** back **your** premium.
2. If **we** would have insured **you** on different terms, **we** will amend this insurance retrospectively and apply these amended terms to the claim.
3. If **we** would have charged **you** more premium, **we** will proportionately reduce the amount of any claim payment.

If **we** do any of the above, **we** will write to **you** explaining why this is happening. If **you** disagree with what **we** are doing, please tell **us**. If **you** are still not satisfied, **you** may ask the Financial Ombudsman Service to review **your** case without affecting **your** legal rights.

## Non-payment of premium

**You** must pay the premium on the dates agreed for this **policy** to remain in force. If **you** do not pay the premium on the due date, **you** have 15 (fifteen) days from the date of the default to contact **us** to organise payment. If **we** do not receive payment **your policy** will be cancelled from the default date and all cover and benefits will stop on this date. If **you** have made a claim the full annual premium will become due.

## Changing cover level

If **you** change **your** cover to one that gives a higher level of cover the higher level will apply to any **injury** and **illness** which first showed **clinical signs** after the transfer date. The higher limit will not apply to any **pre-existing condition**.

If **you** change **your** cover to one that gives a lower benefit the lower amounts will apply to all claims from the date **you** change onwards including those **you** are already making.

## Fraud

**You** must be honest and truthful in **your** dealings with **us** and the **insurer** at all times. If **you** or anyone acting on **your** behalf attempts to deceive **us** or knowingly makes a false claim, the **insurer** has the right to cancel **your policy**, refuse claims and keep any premium paid. **We** may recover from **you** any costs **we** have incurred, including the costs of investigating the claim. **We** will not pay a claim which is in any way fraudulent, false, or exaggerated. **We** will also not deal with any claims following discovery of this behaviour regardless of when the claims occurred. In addition, **we** have the right to share details of this behaviour with other organisations to prevent further fraud. **We** may also involve the relevant authorities who are empowered to bring criminal proceedings.

## Language

All communication between **you**, the **insurer** and **us** in relation to this **policy** will be in English.

## Governing Law and Courts

This contract will be governed by English law, and **you** and the **insurer** agree to submit to the non-exclusive jurisdiction of the courts of England and Wales.

## Assignment

**You** cannot transfer **your** interest in this **policy** to anyone else without the **insurer's** written permission.

## Sanctions

The **insurer** will not provide any cover or be liable to provide any indemnity, payment or other benefit under this **policy** where doing so would breach any prohibition or restriction imposed by law or regulation.

## Rights of Third Parties

It is not intended by **you** or the **insurer** that any term in this agreement is enforceable pursuant to the Contracts (Rights of Third Parties) Act 1999 or any amendments to the Act or replacement legislation. Keeping **your policy** up to date.

## Changes which may affect your cover

As some changes will affect **your** cover, **you** should tell **us** as soon as possible about any change to the details **you** have previously declared on **your statement of fact**, for example but not limited to:

- **you** no longer own the **pet**.
- **you** change address or move outside the **UK**.
- **you** intend to use **your pet** for guarding, breeding, or financial gain.
- **your pet** is neutered or spayed.
- **your pets'** health changes.
- **your pets'** behaviour changes or there are complaints about its behaviour.
- **your pet** no longer lives with **you**.

If **you** do not tell **us** about these changes it may affect any claim **you** make or could result in **your policy** being invalid.

As a result of a change **we** may either decline to continue with the insurance or accept the change to **your policy**. If **we** accept the change this may be on the same terms as before or lead to a change of terms and conditions, an extra premium being charged or a refund of **your** premium.

**We** will also charge **you** an administration fee.

Further information is provided in **our** Terms of Business.

## Section A – Veterinary fees and alternative treatment

All amounts are for each **pet** insured.  
Cover is provided in the **UK** and in the **EU** when you are travelling with **your pet**.

### What is covered

#### Veterinary Fees

The **insurer** will pay the cost of **veterinary fees** for the **treatment your pet** has received in the **UK** or in **EU countries** to treat **injury** and **illness**, up to the maximum limits as set out within **your schedule**.

#### Inner Limits:

Any claim under the below stated inner limits is included within the **veterinary fees** allowance **you** have selected and is not separate or additional to the **veterinary fees** benefit limit. The **insurer** will pay up to the inner limit amounts stated in **your schedule** for:

- Cruciate ligament damage **treatment** including all associated costs;
- Brachycephalic Obstructive Airway Syndrome (BOAS) **treatment** including all associated costs;
- MRI / CT Scan or any other specialist diagnostic testing and the cost of general anaesthesia, sedation, medications, hospital charges, or interpretation fees;
- **Alternative treatment;**
- **Dental treatment** as a result of an **accident/injury;**
- Diet food prescribed by a **vet** to dissolve bladder stones or crystals in urine;
- **Behavioural treatment;**

in each **period of insurance**.

Please note for all claims involving cruciate(s) **treatment**, should a CT or MRI scan, or any other specialist diagnostic testing be included, those costs will contribute towards the cruciate ligament inner benefit limit only. This is a total limit and not separate for each scan or diagnostic procedure.

The most the **insurer** will pay in any **period of insurance** under this section is up to the amount shown on **your schedule** for **veterinary fees**. If this limit is reached in a **period of insurance**, the **insurer** will not make any more payments under this section until **your policy** is renewed.

The amount the **insurer** will pay is reinstated at the beginning of each **period of insurance** based on **your** renewal invitation.

If **your policy** is not renewed all cover stops at the end of the most recent **period of insurance**.

### What is not covered

#### Veterinary Fees

The **insurer** will not cover the following:

1. The **excess** shown in **your schedule** for each new **injury** or **illness** in the **period of insurance**.
2. The **additional excess** shown in **your schedule** for the **injury, illness** or **condition** specified.
3. The cost of any **treatment** or claim for a **pre-existing condition**.
4. Any claim arising from a malicious or intentional act, any injury purposely caused, or as a result of negligence by **you**, any member of **your** family or anyone else residing at the address where the animal is kept.
5. The cost of routine examinations, nail clipping, bathing, de-matting, grooming, spaying, castration, or retained/undescended testicles (cryptorchidism).

6. Any treatment or surgery relating to pyometra.  
Pyometra is an infection inside the womb with unneutered females being most at risk. Pyometra can lead to blood poisoning, kidney failure, peritonitis and even death.
7. Any **illness, injury** or **condition** that could have been prevented by any **Treatment** normally recommended by a **Vet**. For example, pyometra which could have been prevented had **your pet** been spayed.
6. The cost of **treatment** to prevent **injury** or **illness**.
7. The cost of **elective treatment, diagnostic or procedure** or any **treatment** that **you** choose to have carried out that is not directly related to an **injury** or **illness**, including any complications that result from this.
8. The cost of any **treatment** in connection with breeding and any complications of breeding, pregnancy, giving birth or rearing puppies or kittens.
9. The cost of **treatment** in connection with false pregnancy if **your pet** has received **treatment** for two or more episodes of false pregnancy.
10. The cost of any vaccinations, flea tick or worming prevention or **treatment** and the cost of general health improvers.
11. The cost of a house call unless a **vet** confirms that **your pet** is suffering from a serious **injury** or **illness** and that moving **your pet** would either endanger its life or significantly worsen the serious **injury** or **illness**.
12. The extra costs for treating **your pet** outside usual surgery hours, unless a **vet** confirms that an emergency consultation is necessary.
13. If **your pet** needs to be treated by any referral, second opinion or specialist **vet**, **your** usual **vet** will let **you** know which referral **vet** **you** should go to. However, the maximum amount **we** will pay towards reasonable and necessary referral/specialist **vet** consultation fee is as stated within **your policy schedule**. This does not include any **treatment** that may be required.
14. The cost of hospitalisation and any associated **treatment**, unless a **vet** confirms **your pet** must be hospitalised for essential **treatment**.
15. The cost of buying or hiring equipment or machinery or any form of housing, including cages.
16. The cost of transplant surgery including pre- and post-operative care.
17. The cost of prosthesis, including any veterinary **treatment** needed to fit the prosthesis, other than the cost of hip, knee and / or elbow replacement(s).
18. The cost of stem-cell or gene therapy.
19. The costs charged by **your vet** relating to administration duties including but not limited to: completing the claim form, dispensing fees, providing a prescription, fees for referring to a specialist **vet**, referral fees, x-ray referral fees, late payment fees.
20. The cost of surgical items which can be used more than once.
21. The cost of cremation and disposal, including post-mortem examination costs, coffins, and caskets.

22. The cost of pheromone products, including DAP diffusers and Feliway and / or similar feline facial pheromone products used in either a spray or an electrical diffuser format and any general health enhancers
23. The cost of **dental** or gum **treatment** which is not directly resulting from an **accident** or **injury**; OR for routine, preventative or cosmetic purposes including but not limited to scaling and polishing.
24. The cost of any diet food not specifically covered any obesity food, supplements, or pro-biotics.
25. The cost of diet foods allowed once bladder stones or crystals are dissolved.
26. Any **treatment** costs incurred after the limit shown on **your schedule** is reached in a **period of insurance**.
27. Any **treatment** costs incurred after the **period of insurance** has ended unless **you** and the **insurer** have agreed to a further **period of insurance**.
28. Anything detailed in the general exclusions.

## Section B – Death from accident, illness and euthanasia

### What is covered

#### Death by accident or illness

The **insurer** will pay a percentage of the purchase or donation price **you paid** for **your pet** if it dies or is put to sleep (euthanised) by a **vet** as a result of an **accident** or **illness** in the **period of insurance**.

If **you** are unable to provide proof of what **you** paid or donated, the **insurer** will pay the percentage based on an initial value of £75 for cats or £150 for **dogs**, or the amount **you** stated in **your** original application and included in the **statement of fact**, whichever is the lesser. Proof of purchase can be in the following forms:

- Purchase receipt/invoice from where **your pet** was bought. This needs to be dated, signed by both parties and show the full purchase amount paid
- Rescue centre documents showing the amount paid/donated to obtain ownership
- Communication trails/ screen shots confirming the price and purchasing of **your pet**
- Bank statement showing a transfer or cash withdrawal which match the purchase date, for the specified value of the purchase/donation

The percentage payment in all cases will be based on the age of **your pet** at the date of death using the **pets** date of birth on **your schedule** and will be calculated follows:

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Age at date your pet dies or is euthanised	Percentage payment
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Up to one year	100%
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One to two years	75%
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Three to four years	50%
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Five to six years	25%
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Seven years and over	10%
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The most the **insurer** will pay is the amount shown on **your schedule**.

#### Euthanasia

The **insurer** will pay the reasonable and necessary cost of a **vet** putting **your pet** to sleep where this is needed for humane reasons and to stop incurable suffering.

The most the **insurer** will pay is up to the amount shown on **your schedule**.

### What is not covered

The **insurer** will not cover the following:

1. **Dogs** aged 8 years and over at the date of death or being euthanised.
2. Cats aged 10 years and over at the date of death or being euthanised.
3. Death as a result of breeding, pregnancy or giving birth.
4. The cost of cremation and disposal, including post-mortem examination costs, coffins, and caskets.
5. Anything detailed in the general exclusions.



## Section C – Third party liability

All amounts are for each **dog** insured.

This section does not apply to cats.

Cover is provided in the **UK**.

### What is covered

The **insurer** will pay damages and legal costs to others which **you** become legally liable to pay if **your dog**, causes accidental death or injury to a person or accidental loss or damage to their property.

If someone who is not a member of **your family** is looking after **your dog** when the injury or damage happens, the **insurer** will still pay as long as **you** asked them to look after **your dog**, **you** did not agree to pay them to look after **your dog** and the death, injury, loss or damage was not to them or their property. The definition of **you** in this section is extended to cover this situation.

The most the **insurer** will pay for any claim or series of claims arising from any one event occurring during the **period of insurance** is shown on **your schedule**.

### What is not covered

The **insurer** will not cover the following:

1. Any claim where **you** are insured under any other insurance policy that covers the same loss unless that cover has been exhausted.
2. The **excess** shown in **your schedule**.
3. The cost of defending **you** if the **insurer** has not agreed to the amount in writing beforehand.
4. **Your** liability arising out of any contract that **you** have entered into unless liability would exist without the contract.

5. Any claim which involves **your** employment, profession, occupation, or business or happens at **your** workplace, including **your home** when being used as a workplace.
6. Any claim which results from **your dog** being used for any trade, profession, or business.
7. **Your** liability to any person claiming damages and compensation that lives with **you** at **your home**, is a member of **your family**, is employed by **you**, or was looking after **your dog** with **your** permission.
8. Any liability for loss or damage to property which belongs to, or is in the care of **you**, a member of **your family**, any person who lives with **you** or is employed by **you**.
9. Any liability where **you** have not followed advice given to **you** by previous owners of **your dog** or any re-homing organisation about **your dog's** behavioural traits.
10. Claims as a result of **your dog's** interaction with or attacking other animals.
11. Any fines, penalties, punitive, exemplary, aggravated, liquidated and multiple damages or breach of quarantine restrictions or import or export regulations.
12. Any claim or other proceedings lodged or prosecuted outside the **UK**.
13. Anything detailed in the general exclusions.

### Special conditions relating to third party liability claims

**You** must notify **us**, as soon as possible, after **you** become aware that **your pet** is involved in an incident which may give rise to a third-party liability claim.

**You** must not admit responsibility, agree to pay any claim, or negotiate with any persons following an incident or incur any cost at all without **our** express written agreement.



If **you** receive any correspondence, writ, summons or any other legal document from or on behalf of a third party **you** must not answer any of these, but they should be forwarded to **us** as soon as possible.

**You** agree to the **insurer** taking charge of **your** claim and allow the **insurer** to prosecute, defend, settle it on terms the **insurer** is advised are reasonable in **your** name for the **insurer's** benefit.

**You** must provide the **insurer** with all and any information **we** request in relation to the claim including details of **your dog's** medical and behavioural history, history of ownership and details of any other insurance policies that might contribute towards compensating the claimant.

**You** agree to help **us** find out about all the circumstances of any incident leading to a claim, provide written statements and go to court if the **insurer** needs **you** to.

## Section D – Loss and recovery of your pet

All amounts are for each **pet** insured.  
Cover is provided in the **UK**.

### What is covered

The **insurer** will pay a percentage of the purchase or donation price **you paid for your pet** if it goes missing from **your home** due to straying or theft in the **period of insurance** and is not found within 60 days from the date it goes missing.

If **you** are unable to provide proof of what **you** paid or donated, the **insurer** will pay the percentage based on an initial value of £75 for cats or £150 for **dogs** or the amount **you** stated in **your** original application and included in the **statement of fact** whichever is the lesser. Proof of purchase can be in the following forms:

- Purchase receipt/invoice from where **your pet** was bought. This needs to be dated, signed by both parties and show the full purchase amount paid
- Rescue centre documents showing the amount paid/donated to obtain ownership
- Communication trails/ screen shots confirming the price and purchasing of **your pet**
- Bank statement showing a transfer or cash withdrawal which match the purchase date, for the specified value of the purchase/donation

The percentage payment in all cases will be based on the age of **your pet** at the date it goes missing using the **pets** date of birth on **your schedule** and will be calculated follows:

Age at date your pet strays or is stolen	Percentage payment
Up to one year	100%
One to two years	75%

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Three to four years 50%

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Five to six years 25%

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Seven years and over 10%

The **insurer** will pay local advertising costs and any reward which **you** have to pay which helps to find and recover **your** lost **pet**, if it goes missing from **your home** due to straying or theft in the **period of insurance**, provided that **you** first obtain **our** written agreement to the costs and of the reward, up to the amount paid or donated for **your pet**, to be offered.

Included within the amount for loss and recovery the **insurer** will pay up to £75 towards sundries for **you** to make advertising material including leaflets, flyers, posters or similar.

If **your pet** is found or has returned after **we** have paid **you**, **you** must repay the **insurer** the full amount that **you** have received for its loss.

The most the **insurer** will pay is up to the amount shown on **your schedule**.

### What is not covered

The **insurer** will not cover the following:

1. **Dogs** aged 8 years and over at the date they go missing.
2. Cats aged 10 years and over at the date they go missing.
3. Theft which does not involve forcible or violent entry to a secure area, such as a pen or **your home**.
4. Theft if **you** have not reported it to the police and have a crime reference number.
5. Any loss if **you** have not reported a missing **pet** to at least one rescue centre for cats and a dog warden for **dogs**.
6. Any loss if **you** or any person responsible for **your pet** has voluntarily parted with it for any reason or abandoned it deliberately.

7. Any reward to a member of **your family**, anyone who lives with **you** at **your home**, is employed by **you**, was looking after **your pet** when it went missing or is otherwise known to **you**.
8. Any reward that has not been paid by **you** first.
9. Any reward for which **you** do not have a signed receipt showing the full name and address of the person who found **your pet**.
10. Anything detailed in the general exclusions.
11. The cost of pheromone products.

## Section E – Emergency boarding and pet minding fees

All amounts are for each **pet** insured.  
Cover is provided in the **UK**.

### What is covered

The **insurer** will pay for the cost of boarding **your pet** in a licenced kennels or a cattery, or, for the services of a professional **pet** home carer whilst **you** are an in-patient of a hospital on medical advice due to an accidental injury or illness for 5 or more consecutive days.

The most the **insurer** will pay is up to the amount shown on **your schedule**.

### What is not covered

The **insurer** will not pay the cost of boarding **your pet** due to:

1. **your** stay in hospital that is not on medical advice.
2. a stay in hospital that **you** knew **you** needed before the cover start date or any chronic recurring **condition you** already have when taking out **your policy**.
3. a stay in a convalescent or nursing home.
4. hospital admission for alcoholism, drug abuse, attempted suicide, self-harm or self-inflicted injury or illness.

## Section F – Holiday cancellation or curtailment

The amounts are for each **holiday**. Cover is provided in the **UK** and while you are on **holiday**.

### What is covered

The **insurer** will pay for unrecoverable travel and accommodation costs **you** have to pay as a result of cancelling or cutting short **your holiday** because **your pet** goes missing or needs immediate emergency life-saving surgery either whilst **you** are on **holiday** or within 7 days of the date **you** are due to leave.

The most the **insurer** will pay is up to the amount shown on **your schedule**.

### What is not covered

The **insurer** will not pay:

1. For any **holiday** where the **holiday** was booked less than 4 weeks before **you** are due to leave.
2. Costs as a result of **you** delaying telling the company or companies providing **your** travel and accommodation that **you** are cancelling or cutting short **your holiday**.
3. Any costs for anyone else that is on **holiday** or going on **holiday** with **you**.
4. Any costs for cancellation or curtailment for any other reason or where surgery is not immediately needed to save the life of **your pet**.
5. More than the **insurer's** share if **you** are insured under any other insurance policy that covers the same loss.
6. Anything detailed in the general exclusions.

## Section G – Accidental damage

All amounts are for each **pet** insured. Cover is provided in the **UK**.

### What is covered

The **insurer** will pay if, while visiting someone else's property **your pet** causes accidental damage to personal property.

**You** do not have to be legally liable for the damage to make a claim under this cover.

The most the **insurer** will pay is up to the amount shown on **your schedule**.

### What is not covered

The **insurer** will not pay:

1. For damage to personal property owned by or in the control of **you**, **your family**, employee, or guest.
2. For damage to any personal property belonging to any person entrusted with the care, control, and custody of **your pet**.
3. For damage occurring when **your pet** is left in a home where no person aged 18 or over is present.
4. For damage to any motor vehicle or its contents.
5. For damage caused by **your pet** fouling, vomiting, or urinating on/in any items.
6. More than the **insurer's** share if **you** are insured under any other insurance policy that covers the same loss.
7. Anything detailed in the general exclusions.

## Conditions applying to all sections of cover

**You** must take care of **your pet** including arranging and paying for any **treatment** recommended by **your vet** to prevent the risk of **injury** or **illness**.

**You** must ensure that **your pet** is vaccinated against distemper, hepatitis, leptospirosis, parvovirus for **dogs**, kennel cough when entering a boarding kennel or show, and feline infections such as enteritis, feline leukaemia, and cat flu for cats. **You** must also agree to have **your pet** vaccinated against other diseases a **vet** says is necessary. **You** must keep **your pet's** vaccinations up to date, as recommended by **your vet**. If any of the above diseases are not vaccinated against, they will be excluded from **your policy**.

**You** must ensure that **your pet** is wormed, and flea treated regularly and if there is a risk of contagion **you** should keep **your pet** isolated to avoid infection.

**You** must take steps to ensure **your pet** remains within the acceptable weight range of your pets breed as advised by **your vet** in order to prevent any increase in the health risk that being under or over weight can cause.

A **dog** on a public road must be on a collar and lead and under control at all times. **You** should take steps to ensure that **your dog** does not escape or stray. Areas in which a **dog** is kept must be secure and properly fenced or otherwise organised to prevent escape.

In the **UK**, **your dog** must always have a collar on that provides **your** contact details in case **your dog** goes missing or runs off.

If **your pet** dies or is euthanised and **you** are making a claim under **your policy**, **you** must arrange at **your** expense for **your vet** to certify **your pet's** death stating the cause and date. If euthanised, **we** will need a certificate stating that this was necessary for humane reasons and to stop incurable suffering.

Level of **vet** fees allowed: **We** reserve the right to obtain a second opinion from a **vet** advisor where **we** consider:

- **Vet** fees charged appear greater than conventional fees charged by an attending/referral practice; and/or
- **Treatment** received may not have been required or may have been excessive when compared with **treatment** conventionally undertaken by an attending/referral practice.

Where there is a dispute, **we** will pay only those **vet** fees deemed reasonable and essential. A maximum 100% mark up on the manufacturer's or wholesaler's price will be allowed on veterinary medicines including any dispensing fees.

If within a 24month period **your pet** receives **treatment** for a **bilateral condition** which has previously occurred in one area of the body, the **condition** will be linked as a continuation of that **condition** and all relevant policy terms, limits and excesses will apply.

There may be occasions whereby a claim may require authorisation from the **insurer**. This may, in some circumstances, cause a slight delay in reaching a decision regarding the claim as a result of the referral. If such instance does occur, **we** will contact **you** to let **you** know and keep **you** updated with the progression of **your** claim.

## General exclusions applying to all sections of cover

The **insurer** will not pay:

1. Any claim for or as a result of a **pre-existing condition**.
2. Any claim for or as a result of an **illness** which
  - a. first showed **clinical signs**,
  - b. has the same diagnosis or **clinical signs** as an **illness** that showed **clinical signs** or
  - c. is caused by, relates to, or results from a **clinical sign** of an **illness**that was noticed, in the first 14 days of **your pets** cover.

This exclusion does not apply if **your pet** was insured for veterinary fee's under another policy of insurance up to the start date (inception) of the first **period of insurance** with the **insurer** and **you** provide proof of this to **us**.
3. Any claim for or as a result of any previous or existing adverse behavioural or aggressive characteristics at inception which have been noted by **you**, the breeder, a veterinary practice, rehoming organisation or any previous owner(s) or for incidents before the start date of the first **period of insurance**.
4. Any claim resulting from **your pet** being neutered or spayed. However, **we** will cover any cost arising from any complications of neutering or spaying.

5. Any claim as a result of any sexually transmitted disease, rabies, foot and mouth, epidemic or pandemic outbreaks or any 'notifiable' disease as listed by DEFRA – **UK** Department for Environment, Food and Rural Affairs or any claim as a result of restrictions put on **your pet** by DEFRA.
6. Any claims as a result of an Act of Parliament, by law or central or local government regulation.
7. Any costs as a direct result of the event which led to the claim **you** are making under this **policy**.
8. Any loss or damage to any property, or any legal liability, directly or indirectly resulting from or contributed to or arising from:
  - a. Ionising radiations or contamination by radioactivity from any nuclear fuel, or from any nuclear waste from the combustion of nuclear fuel, the radioactive, toxic, explosive, or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly;
  - b. war, act of terrorism, invasion, act of foreign enemy, hostilities (whether war has been declared or not), civil war, rebellion, revolution, insurrection, military, or usurped power.
9. Any loss, **injury**, damage, **Illness**, death, or legal liability directly or indirectly resulting from, happening through, in consequence of or contributed to:
  - a) An epidemic, pandemic, or other such health warning, and declared as such by the Department of Health and Children and/or the World Health Organisation;
  - b. Arising from any fear or threat (whether actual or perceived) of such epidemic or pandemic being declared or occurring;

- c. Any action taking in controlling, preventing, suppressing or in any way relating to any outbreak of such epidemic or pandemic.
- 10. The cost of or compensation due, where **your pet** is euthanised under a court order following its destruction for the protection of livestock.
- 11. Costs arising as a result of a disease transmitted from animals or birds to humans.
- 12. Claims where **your pet** has been used for commercial breeding, monetary gain, security purposes, as a guard dog, in any trade, profession or business, in any form of racing or any **pet** trained to attack.
- 13. Claims of any kind which result from **your pet** straying, escaping, damaging property, or attacking people if **your pet** has done this before.
- 14. Any claims for a **pet** which should be registered under the Dangerous Dogs Act 1991 and the Dangerous Dogs (Northern Ireland) Order 1991 or any subsequent amendments or re-enactments or wolf hybrids.
- 15. Any **pet** less than 5 weeks' old is an excluded **dog** or cat.

## Excluded dogs

The following **dogs** are not eligible for this insurance and are excluded from all cover:

1. Any **dog** used for trade, profession, or business except Assistance Dogs
2. Any dog used for guarding, racing, coursing, or beating whether for business or recreational purposes.

The following dogs, as outlined in the Dangerous Dogs Act 1991, are specifically excluded from cover under any section of this **policy**:

- Pit Bull Terrier
- Japanese Tosa / Tosa Inus
- Dogo Argentino (also referred to as Argentine Dogo and Argentinian Mastiff)
- Fila Brasileiro

Including any “type”, as defined in the Dangerous Dogs Act 1991, considered to match the description of a prohibited “type”; any breed crossed with the above; and any other breed or type deemed to be dangerous by the Secretary of State and subsequently added to the Dangerous Dogs Act 1991.

The following types/breeds and/or any **dog** crossbred from these are also excluded from cover under any section of this **policy**:

- American Bandogge / Bandogge Mastiff
- Australian Dingo
- Bully Kutta
- Canadian Inuit
- Canary Dogs / Perro De Pressa Canarios/ Presa Canarios
- Cane Corsos
- Central Asian Shepherd Dog
- Czechoslovakian Wolfdogs / Sarlooswolfhounds / Wolf Hybrids
- Irish Staffordshire Bull Terrier
- Racing Greyhounds
- Tamaskan

If **your dog** is found to be an excluded **dog** the **insurer** will cancel **your policy**, refuse all claims, and keep any premium **you** have paid. **We** will also charge **you** the cancellation fee.



## Complaints procedure

We aim to ensure that all aspects of **your** insurance are dealt with promptly, efficiently, and fairly. At all times **we** are committed to providing **you** with the highest standard of service. If **you** are dissatisfied about the handling of a claim or service received and wish to complain **you** should, in the first instance, contact **us** using the details below:

### If your complaint is about Policy Administration

Write to:

Scratch and Patch Customer Relations  
PO Box 1193  
Doncaster  
DN1 9PW

Telephone:

0345 074 4819

Email:

complaints@scratchandpatch.co.uk

### If your complaint is about Claims

Write to:

Scratch and Patch Claims  
PO Box 8000  
Elland  
HX1 9ET

Telephone:

0330 102 6839

Email:

claims@scratchandpatch.co.uk

If **you** remain dissatisfied after **we** have considered **your** complaint **you** may also be able to refer **your** complaint to the Financial Ombudsman Service without affecting **your** legal rights. Further information can be found on their website [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk).

## Data protection and your personal information

**Your** personal information is made up of all the details **we** and the **insurer** hold about **you** and **your** transactions and includes information **we** gather from other organisations. This information will be used to administer this **policy** and handle claims. **Your** information will be held for no longer than is necessary. By providing this information **you** consent to **us** and the **insurer** processing personal and sensitive data about **you** where this is necessary or appropriate.

## Transferring information to other countries

**We** and the **insurer** may transfer **your** information to countries outside of the **UK** and EEA on the basis that anyone to whom **we** or the **insurer** pass it provides an adequate level of protection. However, this information may be accessed by law-enforcement agencies and other authorities to prevent and detect crime and keep to legal obligations.

## Credit-reference agencies

When **we** provided **you** with a quote, **we** searched the electoral roll and other information using a credit-reference agency. A record of the check will be held by the credit-reference agency who may place a footprint of 'insurance search' on **your** credit file. This footprint will not alter **your** credit score.

## Information held about you

**You** are entitled to a copy of the information that is held about **you**. **Your** request for information should be made in writing, to **us**.

Further information about **your** rights and how **we** deal with **your** data is contained in **our** Privacy and Legal Statement

<https://scratchandpatch.co.uk/legal/privacy-legal-statement/>

If **you** are unable to access this website, details can be obtained by contacting **us** using the contact information provided in the How to contact **us** section below.

## Regulatory Information

**You** can check the information below on the Financial Conduct Authority register by visiting [register.fca.org.uk](https://register.fca.org.uk) or by contacting the FCA on 0800 111 6768.

### About Scratch & Patch

Scratch & Patch is a trading name of Only Pets Cover Limited. Only Pets Cover Limited of Bolney Place, Cowfold Road, Bolney, West Sussex, RH17 5QT, United Kingdom is authorised and regulated by the Financial Conduct Authority. Their Financial Service Number is 840293. Company number 09971968.

### About URIS Group Limited (the administrator)

URIS Group Limited of Quay Point, Lakeside Boulevard, Doncaster, South Yorkshire DN4 5PL is authorised and regulated by the Financial Conduct Authority. Their Financial Services Number is 307332. Company number is 02461657.

### About the Insurer

ETU Forsikring A/S Registered Office: Hærvejen 8, DK-6230 Rødekro, Denmark are authorised and regulated by the Finanstilsynet (the Danish Financial Regulator). Their Finanstilsynet authorisation reference is 108873. As an Insurance Company authorised within the European Union, ETU Forsikring A/S is permitted to conduct business within the United Kingdom and is authorised by the Financial Conduct Authority. Their UK Financial Conduct Authority authorisation number is 807534

### About Davies Group Limited (the claims handler)

Davies Group Limited of 7th Floor, 1 Minster Court, Mincing Lane, London, England, EC3R 7AA  
Company number: 06479822

### The Financial Services Compensation Scheme

**We** are covered by the **UK** Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **we** cannot meet **our** obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. **You** can learn more about this scheme at [www.fscs.org.uk](https://www.fscs.org.uk) or by phoning 0800 678 1100 or 0207 741 4100 or writing to Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU.

## How to contact us

Policy administration 0330 1026839,  
admin@scratchandpatch.co.uk

Administration Complaints 0345 074  
4819,  
complaints@scratchandpatch.co.uk

Claims & Claims Complaints 0330  
1026839, claims@scratchandpatch.co.uk

Or visit **our** website

[www.scratchandpatch.co.uk](http://www.scratchandpatch.co.uk)

### Opening times

Policy Administration

Monday – Friday: 9am – 7pm

Saturday 9am – 2pm

Sunday & Bank Holidays: Closed

Claims

Monday – Friday; 9am to 5pm

Saturday, Sunday & Bank Holidays -  
Closed

## Scratch & Patch Careline

The Scratch & Patch Careline is available 24 hours a day, 7 days a week, 365 days a year and provides advice and guidance on how to care for **your pet** as well as in an emergency.

If **you** have any concerns about **your pet**:

1. Dial 0333 332 1926
2. Provide the insurance policy number shown on **your schedule**
3. Describe **your** concerns, questions, or **your pet's** symptoms
4. A veterinary nurse will answer **your** questions and explain what **you** need to do next.

Before **you** make a claim, **your pet** must have seen a **vet** for a professional assessment.

**This is not a claims helpline. To notify a claim call 0330 1026839.**

## Scratch & Patch

Quay Point,  
Lakeside Boulevard,  
Doncaster  
South Yorkshire  
DN4 5PL

Telephone 0330 1026839  
Email [admin@scratchandpatch.co.uk](mailto:admin@scratchandpatch.co.uk)

[www.scratchandpatch.co.uk](http://www.scratchandpatch.co.uk)

