

The complaint

Ms F complains that Pinnacle Insurance Limited declined a claim on her pet insurance policy.

What happened

In March 2025 Ms F took out insurance with Pinnacle for her cat. A few weeks later she took her cat to the vet for a check-up. The vet said her cat had severe gingivitis and needed several teeth to be taken out. Surgery was carried out and Ms F then claimed on her policy but Pinnacle declined the claim.

Pinnacle said the policy only covered claims for dental treatment if there had been check-ups every year, or as advised by the vet, and Ms F's cat hadn't been checked for two years.

Ms F complained and provided comments from her vet but Pinnacle didn't change its decision.

Our investigator said it was fair to decline the claim as Ms F's cat had not had a check for two years and there was nothing in the records to show this was based on advice from the vet. Ms F disagrees and has requested an ombudsman's decision.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

The relevant industry rules and guidance say insurers must deal with claims promptly and fairly, support a policyholder to make a claim, and not unreasonably reject a claim.

The starting point when deciding whether the claim was declined fairly is the policy terms; these set out the terms of the insurance contract between Ms F and Pinnacle.

The policy terms set out what's covered and this includes treatment for a dental condition as long as:

- *There is a history of annual check-ups. If not annual, then as recommended by your vet. We would need proof that any advice given has been followed within 6 months...*

Ms F has explained how difficult it was for her when the claim was declined and she was faced with paying the vet's fees herself.

She says her cat was seen by the vet in 2022 and they didn't recommend another check in 2023, which is why she didn't have one.

And she says her vet provided comments to Pinnacle confirming there had been no problems noted with the teeth previously and the treatment was for a condition that only emerged recently.

I've considered Ms F's comments carefully. I appreciate this will be very disappointing but I think it was fair to decline the claim, for the following reasons:

- Dental treatment is only covered if dental checks are done annually, unless advised otherwise by the vet. This isn't unusual and pet insurance policies will usually have a term like this.
- The requirement is for either an annual check or as recommended by the vet. So if the vet hasn't recommended something different, there needs to be a check every year.
- The evidence is limited, with very little recorded in the clinical notes. Where the evidence isn't clear I need to make a judgment about what I think is more likely to have happened, based on what evidence there is.
- Ms F's cat was seen in November 2022, when no problems were noted. The vet says there was no recommendation for a follow up check. The fact there was nothing that needed to be followed up at that point doesn't mean there was no need for annual checks in future.
- She took her cat to the vet in February 2023 for a surgical procedure to be done. There's no mention of the teeth in the clinical notes and no record of them being checked or of any recommendations about whether further checks were needed. If there had been any discussion about this I'd expect it to be noted.
- There's nothing in the clinical records showing the vet advised about when checks were needed. In the absence of evidence the vet recommend something different, there should have been a check each year.
- Ms F didn't take her cat to the vet again until April 2025 – over two years later. Although the vet said the treatment addressed a condition that emerged recently, he only said it was *possible* the dental disease presented in 2025, not that it had.
- The clinical note from April 2025 shows Ms F's cat had severe generalised gingivitis, with very sore and bleeding gums. Multiple teeth had to be removed under general anaesthetic.
- The evidence is of severe problems, which is not supportive of this only being a very recent issue. Ms F's cat hadn't been seen for over two years. If there had been check-ups during that period, it's likely issues would have been picked up sooner.
- Taking all of the above into account I think, on balance, it was fair to decline the claim.

My final decision

My decision is that I don't uphold the complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms F to accept or reject my decision before 8 December 2025.

Peter Whiteley
Ombudsman