

## **The complaint**

Mrs H complains that Wakam declined a claim on her pet insurance policy.

Where I refer to Wakam, this includes its agents and claims handlers acting on its behalf.

## **What happened**

Mrs H took her dog to the vet in February 2024. The vet carried out an examination and recommended dental work to be carried out within the next three to six months. A referral was made to a specialist and work was carried out under general anaesthetic in April.

When Mrs H claimed for the treatment costs Wakam declined the claim. It said it wasn't necessary to make a referral to a specialist and this had only been done because Mrs H requested it. Wakam said the dental work could have been done by her own vet and so the treatment was excessive.

Mrs H complained but Wakam's final response to her complaint confirmed the decision. So she referred the complaint to this Service.

Our investigator did not think it was fair to decline the claim. He recommended that Wakam pay the claim together with some compensation but Wakam disagreed. There was further correspondence but no agreement was reached. So I need to make a decision.

Wakam has provided detailed comments during the investigation about why it considers the treatment was excessive. I won't set them out in full but the key points include:

- The investigator's view was based on Mrs H's vet not being able to carry out this procedure, which was not correct. There's no evidence the treatment could not have been done at her own vet's.
- There were no medical grounds for the specialist referral – it was done at Mrs H's request. The policy is not designed to pay for the most expensive treatment when a cheaper viable alternative is available and recommended by the vet, which was the case here.
- Although the vet has provided additional comments, these contradict what is recorded in their clinical notes – which is in breach of their professional obligations. If the clinical notes are not accurate they should have been amended.
- It is entitled to rely on the clinical records made at the time rather than a later statement which contradicts them.

## **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.

We have received extensive comments on the complaint, in particular from Wakam. I won't comment in detail on every single point and will focus on the key points that are relevant to

the outcome I've reached. This is in line with our role, which is to provide an impartial review, quickly and with minimal formality.

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.

In the first instance it's for the policyholder to show they have a valid claim. If the insurer then wants to rely on an exclusion to decline the claim, the onus is on the insurer to show the exclusion applies and it's fair to rely on it in the circumstances of the case.

The policy provides cover for vet's fees but Wakam has relied on an exclusion, which says *We won't pay costs related to treatments that are considered excessive.*

*Treatment could be considered excessive when:*

- *Less invasive treatment is not considered or attempted*
- *The recommended treatment is likely to result in poor recovery, unnecessary suffering or lead to poor quality of life*

Having considered everything carefully I don't agree it was fair to rely on this exclusion and decline the claim, for the following reasons:

- The clinical notes from February 2024 show that dental treatment was recommended. So there was a clinical need for the treatment.
- I agree the clinical records provide a starting point for considering a claim. They show what was recorded at the time and so they will carry some weight. But that doesn't mean other evidence should be ignored. When making my decision I need to consider all the circumstances.
- Additional comments have been provided by both Mrs H's vet and the specialist. If a vet says something that contradicts the clinical records without a reasonable explanation for that (for example, that further investigations were carried out which led to a different diagnosis) that would not be persuasive evidence.
- But in this case I don't think they have changed the clinical notes. Rather, they have provided further clarification to address Wakam's concerns. There's nothing wrong with that and it's common practice for a vet to provide further clarification if it's needed.
- In their comments, Mrs H's vet specifically referred to the clinical notes, quoting what they had recorded - *"recommended dental procedure (scale/polish) under GA in the next 3-6m. O would like to be referred to AM or other referral centre for the anaesthetic monitoring to be handled by specialist."* They went on to say, *"Please could you reconsider your decision on declining the above clients claim as you can clearly see from the clinical notes that this was recommended by the veterinary surgeon."*
- B's vet hasn't contradicted what they recorded in the notes. They have confirmed there was a clinical recommendation for the treatment.
- The specialist also provided further comments. These included the following:  
*... the argument has been made... that as referral to our facility was not specifically recommended within the primary clinicians notes, this somehow disqualifies the dental treatment itself from being veterinary recommended at all. Not only is it not the case that her primary care clinician didn't recommend referral (see below), this argument should not be allowed to somehow 'override' the clear treatment recommendations of two(!) separate clinicians when determining whether treatment was 'veterinary recommended'.*

*... referral to a veterinary surgeon with significant dentistry experience not only allowed for a more thorough and complete assessment, but for a significantly faster execution of treatment, thus limiting overall anaesthetic time and reducing risks further. Seeking out referral for medical safety reasons was therefore a fully justifiable request for her owners to make.*

*However I understand your concern is whether the referral itself was recommended by the primary care clinician. This clearly is the case, as... clinician proceeded with actioning the referral itself, which constitutes recommendation for referral. The action of referring a patient can only be performed by the primary care clinician and not by the owner. All veterinary surgeons are free to decline referral if they do not agree this is in the patients best interest. It is thus not possible for referral to be performed without the primary care clinician agreeing with and thus recommending that course of action.*

- From the above, I'm satisfied there was a clinical recommendation for the treatment to be carried out and for a referral to the specialist for this to be done.
- The treatment turned out to be extensive. 16 teeth were removed and another six needed dental planing. Mrs H's vet has confirmed they don't provide this procedure. So that couldn't have been done by her own vet, which reinforces the view that it was appropriate for the treatment to be carried out by the specialist.
- Mrs H may have requested a referral but she didn't actually make the referral. It was the vet's decision whether to make the referral – they could have refused the request if they thought it wasn't necessary. If they went ahead with the referral that would have been because they agreed it was appropriate.

For these reasons I don't consider it was fair to decline the claim. This decision left Mrs H faced with having to pay the fees herself. Having the claim declined and finding herself in this situation caused her some distress and inconvenience. It's fair that she's compensated for this.

### **My final decision**

I uphold the complaint and direct Wakam to:

- Settle the claim in line with the remaining policy terms and, if Mrs H has already paid the fees, pay interest on this from the date she paid the fees to the date of payment at 8% a year simple.\*
- Pay compensation of £150 for the distress and inconvenience caused.

\* If Wakam considers that it's required by HM Revenue & Customs to deduct income tax from that interest, it should tell Mrs H how much it's taken off. It should also give Mrs H a tax deduction certificate if she asks for one, so she can reclaim the tax from HM Revenue & Customs if appropriate.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs H to accept or reject my decision before 12 December 2025.

Peter Whiteley  
**Ombudsman**