

Claim Form



Policy # _____

Policy Name _____
(eg. QuickCare/MasterCare/TenantCare)

Policyholder Checklist:

- Review Policy Documents and Terms and Conditions to see if coverage is available for the current condition being claimed
- Detailed invoices for condition(s) being claimed are attached
- Claim form is **fully** completed & signed by both you and your veterinarian
- Complete medical history is attached if not previously submitted

Part 1 – To be completed by the policyholder (please print)

Please refer to your Policy Terms and Conditions for the time limitation on submitting claims.

Policyholder: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Telephone: (____) _____ Fax: (____) _____ Email: _____

Please tick if there has been a change of address:

Pet's Name: _____ Species: _____
Sex: Male Female Age: _____ Breed: _____

To the best of my knowledge, the following statements are true in every respect and I have abided by all of the Policy Terms and Conditions. I understand that any misrepresentation or omission of any material fact can result in denial of the claim.

Signature of Policyholder: X _____ Date: ____/____/____ (mm/dd/yy)

Part 2 – To be completed by the Veterinary Clinic ONLY

Please list the medical Illness/Accident for which the policyholder is making a claim: _____

Date accident occurred or symptoms of illness were first noted: ____/____/____ (mm/dd/yy)

Has this pet received treatment for this Illness/Accident in the past? Yes No - If YES, when? : ____/____/____

Pet's Weight: _____ Kg. Lbs. Body Condition Score (BCS): _____ 1-5 Scale (1 = emaciated 5 = Obese) 1-9 Scale (1 = emaciated 9 = Obese)

Was this accident or illness fatal? Yes No

If claiming for Accidental Death Benefits, please include a statement from a witness or attending veterinarian and a receipt for the original purchase price of the pet. Please refer to the Policy Terms and Conditions for further details.

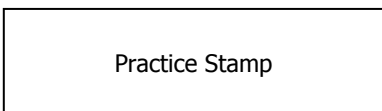
Has this pet received an annual physical in the past year, and is up to date on all recommended vaccinations? Yes No

How long has this pet been a patient of your clinic? Less than 18 months More than 18 months

I confirm that to the best of my knowledge, the above statements are true in every respect.

Signature of Attending Veterinarian: X _____ D.V.M. Date: ____/____/____
(mm/ dd/ yy)

Name of Veterinarian: _____



Please forward completed forms to:
PetCare Insurance Brokers Ltd.
710 Dorval Drive, Suite 400
Oakville, Ontario L6K 3V7

Toll Free: 1-866-275-PETS
Fax: 1-866-368-PETS (7387)
www.petcareinsurance.com

Reminder! A healthy pet is a happy pet and to ensure that your PetCare insurance policy remains in force, your pet must receive an annual physical exam by the licensed Veterinarian of your choice.