

Part A :: To be completed by pet owner

IMPORTANT: To expedite your claim, we require all information listed below in addition to the completed claim form.

1. Your pet's complete medical records from both **current** and **previous** veterinary or emergency clinics.
(If you have provided this information for a previous claim, you **do not need** to resubmit it.)
2. A copy of your veterinarian's itemized invoice.

Name: Policy #:

Address:

Telephone: Preferred Contact Times:

Email:

Claim Total:

Pet's name:

Pet's Age: Pet ID#:

Species: Cat Dog Sex: Male Female

Spayed/Neutered: Yes No

Spayed/Neutered Date (mm/dd/yy):

I understand I am financially responsible to my veterinarian for the entire treatment. I understand that this claim may not be covered or may exceed my plan benefits. I authorize my veterinarian(s) to release my pet's medical records to Vetinsurance.

Your signature

Date (mm/dd/yy)

Part B :: To be completed by attending veterinarian

This pet required care due to an:

Illness Injury

Date of injury OR when illness first appeared (mm/dd/yy):

Has this pet been seen by another vet clinic? If yes, which clinic?

Process as Claims Express™

Type and cause of injury OR illness diagnosis:

Practice stamp or printed name of clinic:

I confirm to the best of my knowledge the above statements are true in every aspect.

Signature of attending veterinarian

Print name

Date (mm/dd/yy)

Part C :: Pet owner submission

1. By toll free fax:
1.866.203.0902

2. By mail:
Vetinsurance
P.O. Box 34538
1268 Marine Drive
North Vancouver, BC
V7P1T2

Vet clinic submission

Claims Express™
1.866.729.2915 (Fax only)

To register for Claims Express™ please call:
1.800.930.1019