



Policy Number

Policyholder Information

Full Name
Address
City, State, Zip
Phone Email
Check here if any of the above information has changed

Pet Information

Pet Name
Breed
Gender Male Female Age
Other Pet Insurance? Yes No
Provider Policy No

1 - Claim Information (Required)

When did you first notice symptoms? Previous Veterinary Hospital(s)
Brief Description of Injury/Illness

Policyholder Declaration

I confirm that all details provided herein are true and accurate. I understand that the deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or cancellation of coverage.

Policyholder Signature Print Name Date

2 - Veterinary Treatment Information (Required - To be completed and signed by your veterinarian)

Length of time this pet has been registered at your practice

Table with 3 columns: Diagnosis & Treatment, Date of First Symptoms, Date of Treatment

Veterinarian Declaration

I certify that to the best of my knowledge all the information contained on this form is correct. I also understand it is a criminal act to assist in the preparation or presentation of a false or fraudulent claim under an insurance policy.

Veterinarian Signature Print Name Date

Submit Claim Form

For your protection state laws require the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

To help expedite the processing of your claim please complete ALL information on this form, and include the itemized invoice from your veterinarian.

Send the claim to us by emailing it to claims@petpartners.com, by faxing it to 919-859-8193, or by mail.



By Email
claims@petpartners.com



By Fax
919-859-8193



By Mail
PO Box 37940
Raleigh, NC 27627