

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. I authorize the insurance company and its representatives to obtain and review a copy of all records including the medical records as to the examination, history treatment and prognosis with respect to any condition. I understand that all charges from my Veterinarian may not be covered or may exceed my plan benefits.

 \_\_\_\_\_  
**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 \_\_\_\_\_

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](mailto:claims@petpartners.com), by faxing it to 919-859-8193, or by mail.

 <b>By Email</b> <a href="mailto:claims@petpartners.com">claims@petpartners.com</a>	 <b>By Fax</b> 919-859-8193	 <b>By Mail</b> PO Box 37940 Raleigh, NC 27627
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