

Claim Form for Holiday Cancellation



INSURANCE

petline
INSURANCE™

1 About you and your pet (affix a label if you have one)

Customer number: _____

Name: _____

Address: _____

_____ Please check if
new address

Home phone: _____ Work phone: _____

Fax: _____ E-mail: _____

Questions? Contact us at:
1.800.581.0580 or info@petlineinsurance.com

SUBMIT A CLAIM

FAX: 1-866-501-5580

EMAIL: claims@petlineinsurance.com

MAIL: Petline Insurance Company
301-600 Empress Street, Winnipeg, MB R3G 0R5
Attn: Claims Dept.

Pet's name: _____

Date of birth (mm/dd/yy): _____

Gender: male female

Type of pet: dog cat

Breed: _____

2 Your holiday details

Please provide booking invoice and cancellation invoice from the travel agent or other holiday sales organization. From the invoices, please complete the following:

Booking Date:

mm	dd	yyyy
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Cost of Travel: \$ _____

Departure Date:

mm	dd	yyyy
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Return Date:

mm	dd	yyyy
----	----	------

Cancellation Date:

mm	dd	yyyy
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Actual Date Returned Home:

mm	dd	yyyy
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Other Unrecoverable Expenses: \$ _____

3 Policyholder declaration

I understand that the fees listed may not be covered, or may exceed my plan benefits. I understand that I am financially responsible for the entire amount, and confirm that amount has been paid in full. I declare that I have fulfilled the conditions of the Summary of Insurance and the Policy Wordings documents.

Signature of policyholder: _____

mm	dd	yyyy
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Please see your Policy Wordings document for full details.

Checklist

- Have you:**
- Completed sections 1, 2 & 3
 - Signed this form
 - Attached detailed receipts
- Has your veterinarian:**
- Completed sections 4 & 5
 - Signed this form

4 About the illness or injury (to be completed by your veterinarian)

Please fill in the sections below and include receipts or attach applicable Claim Form for Veterinary Fees.

	List the name of each separate illness or injury (or give the clinical signs if you have not yet made a diagnosis)	Has your practice sent us a claim for this illness or injury before?	When did this illness or injury first begin (as noted by you, the client or on the pet's record)?	First and last date of treatment being claimed for	Total Fees (including taxes)
1.					
2.					

5 Declaration of the veterinary practice (to be completed by your veterinarian)

I have checked the information on this claim, and it is correct to the best of my knowledge.

Name of attending veterinarian (please print): _____

Signature of attending veterinarian: _____

mm	dd	yyyy
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Practice stamp or print practice name

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 the policy.