

# Claim Form for Boarding, Kennel & Cattery Fees

## Important notes

We will pay for the cost of boarding your pet at a licensed kennel, cattery or with someone who is looking after your pet and does not live with you, up to the maximum benefit amount.

Note: Please include RECEIPTS and applicable documentation. Retain copies for your records.

Please see your Policy Wordings document for full details.

## SUBMIT A CLAIM

FAX: 1-866-501-5580

EMAIL: [claims@petlineinsurance.com](mailto:claims@petlineinsurance.com)

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

## 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: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Date of birth (mm/dd/yy): \_\_\_\_\_

Gender:  male  female

Type of pet:  dog  cat

Breed: \_\_\_\_\_



Questions? Contact us at:

1.800.581.0580 or [info@petlineinsurance.com](mailto:info@petlineinsurance.com)

## 2 To be completed by the insured's General Practitioner or Hospital/Surgeon

Patient's name: \_\_\_\_\_

Name of admitting hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Reason for hospitalization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Hospital admission date: 

mm	dd	yyyy
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Hospital discharge date: 

mm	dd	yyyy
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Date illness commenced or accident occurred: 

mm	dd	yyyy
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I confirm to the best of my knowledge the above statements are true in every respect.

Signature of healthcare provider: \_\_\_\_\_ 

mm	dd	yyyy
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## 3 To be completed by the boarding kennel or cattery owner/home caregiver

Date of boarding or home care: From: 

mm	dd	yyyy
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 To: 

mm	dd	yyyy
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Boarding fees per day: \$ \_\_\_\_\_ Total fees: \$ \_\_\_\_\_

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

Name of Kennel or Cattery: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature of Kennel/Cattery owner/homecare giver: \_\_\_\_\_ 

mm	dd	yyyy
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## 4 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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## Checklist

### Have you:

- Completed sections 1 & 4
- Signed this form
- Attached detailed receipts

### Has your healthcare provider:

- Completed section 2
- Signed this form

### Has your pet's caregiver:

- Completed section 3
- Signed this form