

QuickCare Policy Claim Form

Policyholder Checklist:

- Detailed invoices for condition(s) being claimed are attached
- Claim form is **fully** completed by both you and your veterinarian
- Complete medical history for **all illness** claims is attached

Policy # _____
 Policy Type _____

Part 1 – To be completed by the policyholder (please print)

Please refer to your Policy Terms and Conditions for the time limitation on submitting claims.

Policyholder: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone: (____) _____ Fax: (____) _____ Email: _____

Please tick if there has been a change of address:

Pet's Name: _____ Species: _____
 Sex: Male Female Age: ____ Breed: _____

To the best of my knowledge, the following statements are true in every respect and I have abided by all of the Policy Terms and Conditions. I understand that any misrepresentation or omission of any material fact can result in denial of the claim.

Signature of Policyholder: _____ Date: ____/____/____ (mm/dd/yy)

Part 2 – To be completed by the Veterinary Clinic ONLY

Please indicate the named accident or illness for which the policyholder is making a claim:

QuickCare First/QuickCare Plus for Dogs

- Fractures:
- Lacerations:
- Motor Vehicle Accident:
- Foreign Body Ingestion:
- Accidental Death:
- Allergic Reaction to Insect Bites:
- First Time Illness(QuickCare First ONLY)

QuickCare Indoor Cats

- Burns:
- Fractures:
- Feline Asthma:
- Cancer:
- Feline High-Rise Syndrome:
- Bite Wounds/Bite Wound Abscesses:
- Feline Lower Urinary Tract Disease:

- Poison Ingestion:
- Burns:
- Foreign Body Ingestion:
- Poison Ingestion:
- Diabetes Mellitus:
- Infectious Disease:

QuickCare Plus for Dogs - Additional Illness Option

- Digestive:
- Nervous System:
- Infectious Disease:
- Ear:
- Eye:
- Cancer:

QuickCare Senior

- Laceration:
- Burn:
- Fracture:
- Heart Disease:
- Recovery Cost:
- Cancer:
- Motor Vehicle Accident:
- Allergic Reaction to Insect Bites:
- Accidental Death:
- Owner Bequest:
- Foreign Body Ingestion:
- Poison Ingestion:
- Stroke and/or Seizures:
- Boarding Kennel Fees:
- Trip Cancellation:
- Euthanasia:

Comments: _____

Date accident occurred or clinical signs of illness first noted: ____/____/____ (mm/dd/yy) Was this accident/illness fatal? Yes No

Has this pet received treatment for this accident/illness in the past? Yes No

If "Yes" is this condition ongoing from a previous occurrence? Yes No

Has this pet had an annual physical examination in the past 12 months, and up to date on all recommended vaccinations? Yes No

How long has this pet been a client of your clinic? Less than 18 months More than 18 months

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

Signature of Attending Veterinarian: _____ D.V.M. Date: ____/____/____ (mm/dd/yy)

Name of Veterinarian: _____

Please forward completed forms to:

QuickCare Pet Insurance Programs
 710 Dorval Drive, Suite 400
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 Toll Free: 1-866-275-PETS Fax: 1-866-368-PETS (7387)
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