

# 24PETWATCH CLAIM FORM


[www.24PetWatch.com](http://www.24PetWatch.com) • 1-866-597-2424

## CHECKLIST

NOTE: You must submit an itemized paid invoice with claim form.

- Make sure your Policy Number is filled in.
- Review your Policy Documents and Terms and Conditions to see if coverage is available for the current condition being claimed.
- You complete both Sections A and E fully.
- Have your veterinarian complete Sections B-D.
- Attach your detailed paid invoices for condition(s) being claimed.
- Attach your pet's complete medical history.

Please return the completed claim form with paid invoices and complete medical history to:

 24PetWatch Pet Insurance Programs, P.O. Box 2150  
Buffalo, NY 14240-2150 • FAX 1-866-369-7387

**Need more claims forms?** Download forms at: [www.24PetWatch.com](http://www.24PetWatch.com)

## A. MUST BE COMPLETED BY THE POLICYHOLDER

### YOUR POLICY

Insurance Policy Number:

*Please include this number on all documents*

Policy Type: (ie. Standard, Select, Elite)

### YOUR PET DETAILS

Pet Name:

Pet DOB  Gender:  Male:  Female

Type of Pet:  Dog  Cat

Breed:

### YOUR DETAILS

Owner Name:

Address:

Indicate here if this is a new address

Phone:  E-mail:

Veterinarian/Clinic Name:

Address:

Phone:  Fax:

## B. TREATMENT INFORMATION

SECTIONS B - D MUST BE COMPLETED BY THE VETERINARY CLINIC

Treatment Information	Diagnosis and Treatment Details	Date Signs and Symptoms First Noted (MM/DD/YY)	Total Treatment Cost	Has the pet been treated for this condition before?	Is there likely to be ongoing treatment?
Medical Claim 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? <input type="text"/> (DD/MM/YY)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Claim 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? <input type="text"/> (DD/MM/YY)	<input type="checkbox"/> Yes <input type="checkbox"/> 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 patient of your clinic?  Less than 12 months  More than 12 months

If this pet was referred to you, give the name of the referring practice/clinic:

Pet's Weight:  Kg  Lbs Body Condition Score (BCS):  1-5 Scale (1 = emaciated, 5 = Obese)  1-9 Scale (1 = emaciated, 9 = Obese)

**PLEASE ENSURE BOTH SIDES OF THIS CLAIM FORM ARE COMPLETED AND RETURNED WITH RELEVANT PAID INVOICES.**

**C. IN THE EVENT OF DEATH**

- 1. Date of death (DD/MM/YY)  2. Cause of death
- 3. If euthanasia please indicate why necessary
- 4. Were there any charges made for cremation or burial?  yes  no If so, how much? \$

**D. VETERINARY DECLARATION**

I certify that the details above are accurate, complete and true in every respect.

Signature of veterinarian:

Print Name  Date (DD/MM/YY)

CLINIC STAMP

**E. POLICY HOLDER DECLARATION**

I declare that my veterinarian recommended the treatment for which I am claiming. The veterinary clinic has completed sections B-D and the particulars given are correct to the best of my knowledge and belief. I agree that my veterinarian may provide any information that the company may require to verify my claim.

I understand that any misrepresentation or omission of any material fact can result in denial of the claim.

My total claim submitted is \$

Signed (policy holder)  Date (DD/MM/YY)

If you are claiming for the death benefit, please include a receipt for the purchase price of your pet.  
If you are claiming for Boarding Kennel Fees, Trip Cancellation or Lost Pet Recovery Costs (where applicable), please refer to policy Terms and Conditions for specifics regarding claim submission.

**Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Applicable in Arkansas, District Of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, Pennsylvania, Tennessee, Virginia and West Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. In DC, LA, ME, TN and VA insurance benefits may also be denied.

**Applicable in California**

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

**Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Delaware, Florida and Idaho**

Any person who knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading is Guilty of a Felony. \*

\*In Florida – Third Degree Felony

**Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**Applicable in New Hampshire**

Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**Applicable in New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in Oklahoma**

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.