

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: 1-855-647-7387

EMAIL: claims@ovmapetinsurance.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:

1.844.744.6862 or info@ovmapetinsurance.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

Hospital discharge date: mm dd yyyy

Date illness commenced
or accident occurred: mm dd yyyy

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

Signature of healthcare provider: _____ mm dd yyyy

3 To be completed by the boarding kennel or cattery owner/home caregiver

Date of boarding From: mm dd yyyy To: mm dd yyyy
or home care:

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

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

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