

Claim Form for Boarding, Kennel & Cattery Fees



ONTARIO VETERINARY
MEDICAL ASSOCIATION
PET HEALTH INSURANCE

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
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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