

# Pet Insurance Proof of Loss Form

## Policyholder Information

Full Name

Address

Policy Number

Phone Number

Email

## Pet Information

Pet Name

Type (e.g., Dog, Cat)

Breed

Age

Gender

Microchip/ID

## Details of Loss or Illness

Date of Loss/Illness

Describe Loss/Illness

Date(s) of Treatment

Name of Veterinarian/Provider

### **Claimed Amount**

Total Amount Claimed

### **Declaration & Signature**

Declaration

Signature

Date