

Part 1: To be completed by Pet Parent

Pet Parent Name:	
Policy Number:	
Mailing Address:	
Email Address:	Phone Number:
Pet Name:	Pet ID Number:
Pet Date of Birth: (Month/Year)	
Pet Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Pet Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Invoice Amount:	

Part 2: To be completed by Veterinary Clinic

Note, if this is the first claim for this accident or illness, please attach all prior charts.

Is this treatment due to an: Injury Illness

Is this pet's weight within your recommended range Yes No

Date of injury or when illness first appeared (mm/dd/yy): _____

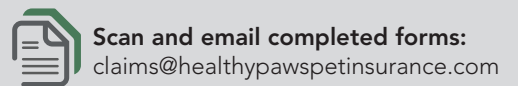
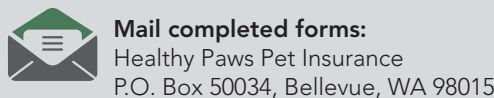
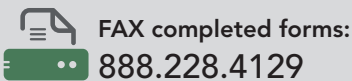
Has this pet been seen by another vet clinic? If yes, which clinic? _____

<p>Describe the type and cause of injury or illness treated:</p>	<p>Clinic Stamp or Veterinarian Signature</p>
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If this is the first claim for this pet, please ask your veterinarian clinic to attach your pet's medical history

DECLARATION: I certify that the information provided is accurate to the best of my knowledge. I authorize any veterinary hospital or veterinarian to provide additional information about my pet to Healthy Paws Pet Insurance. I understand that missing information or delays in delivering the pet's medical records may delay the processing of my claim.

Signature of Pet Parent Date



Filing a claim is simple. Just follow the steps below.



Retrieve your Healthy Paws Claim Form

Use your personalized, pre-populated claim form that you received at enrollment.

Or login to your Healthy Paws account and download your personalized claim form at:

www.healthypawspetinsurance.com/Account

Blank forms are also available.



Verify your Information in Part 1

Verify the information is complete on your pre-populated claim form, or complete the information in Part 1 if you downloaded a blank form.



Ask your Vet Clinic to Complete Part 2

Please have the clinic stamp or sign the claim form. If it's your first claim, please request your pet's medical records be faxed to us at 1-888-228-4129.



Send us the Claim Form and Itemized Invoices

Don't forget to sign the claim form. Include medical records if this is your first claim.

Don't forget to attach:

- ✓ A completed claim form.
- ✓ All itemized invoices.
- ✓ If this is your first claim please attach all medical records related to your pet from this veterinarian or previous treating veterinarians.

Don't forget to:

- ✓ Sign your claim form.
- ✓ Have your veterinary clinic stamp the claim form.



Questions?

1-800-453-4054

Quick tips:

- ✓ Leave a copy of your claim form with your vet clinic for easy retrieval later.
- ✓ To speed the claims process, ask your friendly vet clinic staff to fax your claim form and itemized invoices to **1-888-228-4129**.



FAX completed forms:
888.228.4129



Mail completed forms:
Healthy Paws Pet Insurance
P.O. Box 50034, Bellevue, WA 98015



Scan and email completed forms:
claims@healthypawspetinsurance.com