PLEASE ATTACH
RECEIPTS HERE
IN ORDER LISTED

PLEASE READ CAREFULLY. Correct completion will ensure prompt processing.

1. Please group expenses for the same pet and list the expense in date order before proceeding to the next pet.
2. List each consultation/treatment receipt separately.
3. Complete the information required as clearly as possible.

EXPENSES NOT COVERED BY YOUR POLICY

Nail clipping, grooming, descaling of teeth (teeth cleaning), diet food, worming, hydatids, de-fleaing.

Unless you have the appropriate **PLAN**, no refunds are allowed for the following: breeding, hunting, racing, security or funeral benefits.

Date of Treatment	Pet's Name	Diagnosis of Illness and Treatment Received	Veterinarian	Amount Charged
01/11/03	Kelly	Ear infection (example only)	Dr Brown	$0.00
			Total $	

If your pet is requiring further treatment, please state:

Accidents—If this claim or part of this claim relates to an accident, please state how the accident occurred,
eg: Cat fight. Hit by car.