

### Part A :: To be completed by pet owner

IMPORTANT: To expedite your claim, we require all information listed below in addition to the completed claim form.

1. Your pet's complete medical records from both current and previous veterinary or emergency clinics.  
(If you have provided this information for a previous claim, you do not need to resubmit it.)

2. A copy of your veterinarian's itemized invoice.

Name:

Policy #:

Pet's name:

Address:

Pet's Age:

Pet ID#:

Telephone:

Preferred Contact Times:

Species:

Cat  Dog

Sex:

Male  Female

Spayed/Neutered:

Yes  No

Email:

Spayed/Neutered Date (mm/dd/yy):

Claim Total:

*I understand I am financially responsible to my veterinarian for the entire treatment. I understand that this claim may not be covered or may exceed my plan benefits. I authorize my veterinarian(s) to release my pet's medical records to Trupanion. Claims must be submitted for processing within 90 days of treatment or service.*

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date (mm/dd/yy)

### Part B :: To be completed by attending veterinarian

This pet required care due to an:

Illness  Injury

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

Type and cause of injury OR illness diagnosis:

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

Practice stamp or printed name of clinic:

Has the pet owner been following your recommended routine care program?

Yes  No

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

\_\_\_\_\_  
Signature of attending veterinarian

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date (mm/dd/yy)

### Part C :: Claim submission

By toll free fax:

**1.866.405.4536**

By mail:

Trupanion  
1148 NW Leary Way  
Seattle, WA 98107