

### 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 #:

Address:

Telephone:  Preferred Contact Times:

Email:

Claim Total:

Pet's name:   
Pet's Age:  Pet ID#:   
Species:  Cat  Dog Sex:  Male  Female  
Spayed/Neutered:  Yes  No  
Spayed/Neutered Date (mm/dd/yy):

*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.*

\_\_\_\_\_  
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):

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

Has the pet owner been following your recommended routine care program?:  
 Yes  No

Type and cause of injury OR illness diagnosis:

Practice stamp or printed name of clinic:

*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

- 1. By toll free fax: **1.866.405.4536**
- 2. By mail:  
Trupanion  
1148 NW Leary Way  
Seattle, WA 98107