trupanion®

Claim Form

claims@trupanion.com
Fax: 866.405.4536 • Phone: 855.266.2151

Name on policy: _____ **Day phone:** _____ PREFERRED ◯

Your pet's name: _____ **Evening phone:** _____ ◯

Your policy number (if known): _____ **Email:** _____ ◯

Filed a claim for this condition before?

◯ Yes - We like to keep things simple. Only complete this section.

Reason for treatment: Related claim number (if known):

◯ No - Complete sections A and B

A: Your pet's info - Completed by pet owner. If you have provided this information before, and nothing has changed, skip to Section B.

Date of Birth: (M/Y)

Adoption: (M/Y)

Spay/Neuter: ◯ Yes ◯ No Date: (M/Y)
Completed at:

*Tip: In order to process your claim, we will need medical records on file from all hospitals where your pet has been seen, including vaccine, routine, and emergency visits.

Please, list all veterinary hospitals your pet has visited:

City:

City:

City:

Your signature will authorize your hospital to provide us a copy of your pet's medical records.

Signature: _____

B: Treatment info - Completed by your veterinarian

Reason for treatment:

Date of first signs:

Due to an accident? ◯ **Yes** ◯ **No**

Reason for treatment:

Date of first signs:

Due to an accident? ◯ **Yes** ◯ **No**

Dental Claims Only: Pet received a dental exam in the last 12 months & owner has followed dental recommendations.
◯ **Yes** ◯ **No**

Date of pet's first visit at your hospital:

Attending veterinarian:

Veterinary hospital name:

Hospital Preferred Contact:

Day phone: ◯

Evening phone: ◯

Email: ◯

Process this claim as Claim Express? (For veterinarian use only.)
◯ Yes - Please pay the veterinary practice directly
◯ No - Please reimburse the pet owner

Submit Claims Express claims only to:
Email: claimsexpress@trupanion.com or
Fax: 866.729.2915

We love our pets and our customers! – Yet, for your protection, state insurance laws require the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Mailing Address: **US: 907 NW Ballard Way, Seattle, WA 98107** **Canada: PO Box 34538 1268 Marine Drive, North Vancouver, BC V7P 1T2**

Underwritten by American Pet Insurance Company (USA) and Omega General Insurance Company (Canada).

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