

Please complete the form below with all necessary information and include all relevant invoices for this claim. For the fastest reimbursement, ensure the diagnosis, treatment date and onset date are legible and clearly visible. Claims can be submitted via email, mail or fax.

Questions? Call us at 866-774-1113 or email us at help@petpartners.com

Pet Information

Policy Number _____ Is the pet insured with another pet insurance company? Yes No

Pet Name	Diagnosis*	Treatment Date	Onset Date**

*The Diagnosis is the medical condition that was treated. Please do not list symptoms. Limping, lameness, neck or back pain, vomiting, diarrhea are symptoms, not a diagnosis of the injury or illness. If you are unsure, please contact your veterinarian for clarification.

**The Onset date is the beginning or first appearance of signs or symptoms.

Your Information

Name _____ Is this a new address or phone number? Yes No

Address _____ City _____ State/Zip _____

Phone _____ Email _____

Submission of this claim form authorizes all veterinarians that your pet has received treatment from to provide us with a copy of your pet's medical records and confirms all information provided is true and accurate to the best of your knowledge and belief. State law requires 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 prison.

Submit Your Claim



Email
claims@petpartners.com



By Mail
PO Box 37940
Raleigh, NC 27627



Fax
919.859.8193