

# PET INSURANCE CLAIM FORM

## HEALTHY PAWS

### SECTION 1: POLICYHOLDER INFORMATION

---

**Name:** Larry Levin  
**Address:** 2010 E Hillman Circle, Orange, CA 92867  
**Phone:** (312) 305-0403  
**Email:** larry@uglydogadventures.com  
**Policy Number:** nw4321124

### SECTION 2: PET INFORMATION

---

**Pet Name:** Neo  
**Species:** Dog  
**Breed:** Bulldog/Chihuahua mix  
**Age:** 0.67 years

### SECTION 3: TREATMENT INFORMATION

---

**Treatment Date:** 2025-09-25  
**Veterinary Clinic:** Paws & Whiskers Veterinary Clinic  
**Clinic Address:** 123 Oak Street, Springfield, IL 62701  
**Clinic Phone:** (555) 123-4567

**Diagnosis/Reason for Visit:**

Ear Infection Check

### SECTION 4: CLAIM AMOUNT

---

**Itemized Charges:**

Description	Amount
-------------	--------

Follow-up Visit - Ear Infection Check	\$125.00
Antibiotic Prescription (2 weeks)	\$175.00

---

**TOTAL AMOUNT CLAIMED:** **\$300.00**

---

## **SECTION 5: AUTHORIZATION & SIGNATURE**

---

I hereby authorize the release of any medical records or information necessary to process this claim. I certify that the information provided in this claim form is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in claim denial or policy cancellation.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files a claim containing any materially false information or conceals information may be guilty of insurance fraud.

**Policyholder Signature:**



---

**Date Signed:** 11/16/2025