

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
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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