



Please forward completed claim form and detailed paid invoices to:

ShelterCare Pet Insurance Programs, P.O. Box 2150
Buffalo, NY 14240-2150 • Fax: 1-866-369-7387

Toll-Free: 1-866-375-7387 • www.sheltercare.com

GIFT POLICY CLAIM FORM

POLICY NUMBER: _____
POLICY NAME: _____
ADOPTED FROM: _____

POLICYHOLDER CHECKLIST:

- Make sure Policy Number is filled in.
- Review Policy Documents and Terms and Conditions to see if coverage is available for the current condition being claimed.
- Attach detailed paid invoices for condition(s) being claimed.
- Complete Claim Form fully - both Part 1 and Part 2.
- Attach medical history, if not previously submitted.

Part 1 – Must be completed by the policyholder (please print)

Please refer to your Policy Terms and Conditions for the time limitation on submitting claims.

Please check if there has been a change of address:

Policyholder: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Fax: _____ E-mail: _____
 Pet's Name: _____ Species: _____ Age: _____
 Sex: Male Female Breed: _____

To the best of my knowledge, the following statements are true in every respect and I have abided by all of the Policy Terms and Conditions. I understand that any misrepresentation or omission of any material fact can result in denial of the claim.

If claiming for Accidental Death Benefits, please include a statement from a witness or attending veterinarian and a receipt for the original purchase price of the pet. Please refer to the Policy Terms and Conditions for further details.

Signature of Policyholder: _____ Date: ____/____/____ (mm/dd/yy)

Part 2 – Must be completed by the Veterinary Clinic ONLY

Please indicate the named accident or illness which was diagnosed and treated:

Foreign Body Ingestion Removal: <input type="checkbox"/>	Motor Vehicle Accident: <input type="checkbox"/>	Tick Borne Diseases: <input type="checkbox"/>
Upper Respiratory Tract Infection: <input type="checkbox"/>	Heartworm Disease: <input type="checkbox"/>	Insect Bites/Stings: <input type="checkbox"/>
Urinary Tract Infection (including FLUTD): <input type="checkbox"/>	Ear Illness (specify): _____ <input type="checkbox"/>	Lacerations: <input type="checkbox"/>
Defined Poison Ingestion (specify): _____ <input type="checkbox"/>	Mange/ Mites/ Ringworm: <input type="checkbox"/>	Bone Fractures: <input type="checkbox"/>
Intestinal Parasites (specify): _____ <input type="checkbox"/>	Parvovirus/Feline Panleukopenia: <input type="checkbox"/>	
Eye Illness (Specify): _____ <input type="checkbox"/>	Flea Allergy Dermatitis: <input type="checkbox"/>	

Comments: _____

Date accident occurred or symptoms of illness were first noted: ____/____/____ (mm/dd/yy)

Total amount being claimed: \$ _____

Has this pet received treatment for this Illness/Accident in the past? Yes No If YES, when? : ____/____/____ (mm/dd/yy)

Pet's Weight: _____ Kg Body Condition Score (BCS): _____ 1-5 Scale (1 = emaciated, 5 = Obese)
 Lbs 1-9 Scale (1 = emaciated, 9 = Obese)

Was this accident or illness fatal? Yes No

Has this pet had an annual physical examination in the past 12 months, and up to date on all recommended vaccinations? Yes No

How long has this pet been a client of your clinic? Less than 12 months More than 12 months

I confirm that to the best of my knowledge, the above statements are true in every respect.

Name of Veterinarian: _____

Signature: _____ D.V.M. Date: ____/____/____ (mm/dd/yy)

PRACTICE STAMP

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, District Of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, Pennsylvania, Tennessee, Virginia and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. In DC, LA, ME, TN and VA insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Delaware, Florida and Idaho

Any person who knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading is Guilty of a Felony. *

*In Florida – Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.