



Claim Form

Notice: The information collected on this form about you and your pet and otherwise in respect of this claim is required by Furkin for insurance purposes, including to evaluate and, if approved, process payment of your claim. By providing us with your email address, you specifically provide us with consent to communicate with you by email for pet insurance purposes

By submitting this claim, you declare that all details provided in this claims submission are true and accurate. You further authorize your attending veterinarian, upon request to release your pets medical records to Furkin pet health insurance representatives.

For your protection, insurance laws require 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 prison.

Personal Information

Member Name: _____ **Date:** _____

Your Pet's Name: _____ **Policy Number:** _____

Your Email Address: _____ **Preferred Telephone Number:** _____

Mobile Home Work

Visit Information

Veterinary Hospital Name: _____

Condition 1 – Name of the illness or injury
(If no diagnosis has been made please give clinical signs/ description, if unsure please contact your veterinary hospital)

Date you noticed your pet was unwell: _____
MM / DD / YY

Treatment dates for this claim:
From _____ To _____
MM / DD / YY MM / DD / YY

Have you submitted an invoice for this illness / injury before?
Yes No

Total Amount Claimed (incl. taxes) \$ _____

Condition 2 – Name of the illness or injury
(If no diagnosis has been made please give clinical signs/ description, if unsure please contact your veterinary hospital)

Date you noticed your pet was unwell: _____
MM / DD / YY

Treatment dates for this claim:
From _____ To _____
MM / DD / YY MM / DD / YY

Have you submitted an invoice for this illness / injury before?
Yes No

Total Amount Claimed (incl. taxes) \$ _____

Did death or euthanasia result from this illness or injury: Yes No, If Yes, Date of death: _____
MM / DD / YY

Is/was your pet insured under any other insurance provider: Yes No

If yes, provider name: _____ Cancel date: _____ or Coverage is still active.
MM / DD / YY

Who Would You Like Us To Pay?

Please note that we will not pay your vet unless we have previously arranged with you and them to do so. If you wish to set this up, please complete the required preauthorization form which you can find on our website.

Please Complete One of the Following: Pay the veterinary hospital direct Pay policyholder(s)

Direct Deposit Customers – Claims payments will be paid into the bank account you have provided to us. If you haven't signed up for direct deposit but would like to, please contact us and provide us with your bank/institution number (3 digits), your branch/transit number (5 digits), your account number and the account holder name as it appears on your account.



Reimbursing Your Claims is a Priority at Furkin.

We will process all your claims for reimbursement – whether simple or complex – **as quickly as possible.**

1 Complete Your Claim Form

Please fill in all the fields on this claim form and provide all the requested additional information.

2 Send Us Your Claim Form and Itemized Invoices

Note that without all of the required documentation, we are unable to complete processing of your claim.

If this is your first claim, remember to include your pet's complete medical records.

Please also attach your itemized veterinary invoice.

3 Send Your Claim Documents

Once your claim is ready to submit, you can send it to us by:

Email: claims@furkin.com

Fax: 1-855-868-0840

Mail: 201 - 185 Forester Street, North Vancouver, BC. V7H 0A6

Processing Your claim

We will process your claim as quickly as possible once we receive all of the required documents.

We only pay reimbursement requests that we receive no later than 90 days after the treatment date or within 90 days of the date your policy terminates, whichever occurs first.

Have questions or need more support?

Call us: 1-888-453-1088

Email us: care@furkin.com

To learn more about what pet health expenses are eligible or ineligible for coverage, please refer to your Policy document.

