



Boarding Fees 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 claim submission are true and accurate. You further authorize your attending veterinarian, upon request to release your pet's medical records to Furkin pet 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.

Member Information

Member Name: _____ **Your Pet's Name:** _____

Policy Number: _____ **Your Email Address:** _____

Signature: _____ **Preferred Telephone Number:** _____

Date: _____ Mobile Home Work

MM / DD / YY

To be Completed by Your Attending Physician or a Hospital Administrator

Hospital Name: _____ **Patient's Name:** _____

Hospital Address: _____ **Date of Onset of Illness/Accident:** _____

City, Province: _____ **Hospital Admission Date:** _____

Physician or Administrator Name: _____ **Hospital Discharge Date:** _____

Hospital Phone Number: _____

Reason for Hospitalization:

I declare that all the details I have provided above in this reimbursement request are true and accurate.

Signature: _____

Date: _____

MM / DD / YY

To be Completed by Your Pet's Licensed Boarding Facility

Date Care Started: _____ **Date Care Ended:** _____

Fee Per Day: _____ **Total Fee:** _____

Facility Name: _____ **Phone Number:** _____

I declare that all the details I have provided above in this reimbursement request are true and accurate.

Signature: _____

Date: _____

MM / DD / YY



Boarding Fees Claim Form

Furkin will reimburse the cost of eligible boarding fees for your pet if you or a family member from the same household are hospitalized as the result of an accident or illness.

When you or a family member are hospitalized, remember that the period for both your hospitalization and your pet's stay in a boarding facility must occur while your policy is in effect and after any applicable waiting periods.

- Submit one (1) form for each pet.
- You must provide receipts from a licensed boarding facility.
- Limit is \$1,000 in total per incident, and up to a maximum of \$30 per day.

For Medical Providers:

- Please provide a brief working/definitive diagnosis, e.g., heart attack, pneumonia, work-related accident, sepsis, etc.
- If diagnosis is unknown, list major clinical symptoms, e.g., loss of consciousness, dizziness, vomiting. Please do not list diagnostic tests completed.

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.

Please also attach your itemized invoices.

3 Send Your Claim Documents

You can send us your claim by:

Email: claims@furkin.com

Fax: 1-855-868-0840

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

Have questions or need more support?

Call us: 1-888-453-1088

Email us: care@furkin.com

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

