



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 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.

Personal Information

Member Name: _____ **Date:** _____

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

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

Date of Adoption: _____ ☐ Mobile ☐ Home ☐ Work

Visit Information

Veterinary Hospital Name: _____ **Phone Number:** _____

To help us process your claim more quickly, please list any other Veterinary Hospitals that have previously cared for your pet.

Veterinary Hospital Name: _____ Phone Number: _____

Veterinary Hospital Name: _____ Phone Number: _____

Veterinary Hospital Name: _____ Phone Number: _____

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

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

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



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 have your clinic(s) send us 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: 309 - 1277 Lynn Valley Road
North Vancouver, BC V7J 0A2

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.



Direct Deposit Reimbursement

We use Direct Deposit to ensure your claims reimbursement gets to you quickly by depositing directly into your bank account.

If you did not supply your bank account information when you enrolled, and this is your first claim, **you will need to call our Care Team at 1-888-453-1088** and provide your banking information for reimbursement.

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.

