

Phone: 1-888-453-1088 Fax: 1-855-868-0840 www.furkin.com 309-1277 Lynn Valley Rd North Vancouver, BC V7J 0A2

Preapproval Request Form

Preapprovals are ideal in situations when the eligibility of an injury or illness impacts treatment decisions.

- We require all pertinent medical information from all hospitals the pet has visited to process preapprovals.
- Cost estimates are not required for preapprovals we'll let you know whether the condition is eligible for coverage.
- Please do not submit a preapproval if the pet owner plans to treat the condition regardless of eligibility.
- Submission of this preapproval request does not guarantee claim eligibility.

Name on policy:	Pet name:
Policy number:	
Phone:	
Reason for Treatment	
Hospital name:	Treating veterinarian:
Injury/illness:	Date of first signs:
Is treatment scheduled? O No O Yes Date: _	
Pet's Info	
Please fill out to the best of your knowledge. The r	more information you provide, the faster we can process the preapproval.
Date of birth: Date of adoption:	Spay/neuter: O No O Yes Date:
Is/was the pet insured under any other insurance prov	vider? O No O Yes
If yes, provider name:	Cancel date: or O Policy still active
Please list all of the known hospitals the pet has visite	ed:
Name:	City:
Name:	
Name:	
Name:	

Submission of this form authorizes all veterinarians that the pet has received treatment from to provide us with a copy of the pet's medical records and confirms all information provided is true and accurate to the best of your knowledge and belief.

Submit this form and itemized estimate (if necessary) by email or fax:

Email: claims@furkin.com

Fax: 1-855-868-0840

IMPORTANT: You still need to submit a claim form and final invoice to receive payment for preapproved claims

Please note: In order to process your preapproval request, we will need the medical records from all clinics your pet has visited, including emergency and specialty clinics. If they have not already done so, please have your clinic(s) send us a copy of your pet's complete medical records by email or fax.

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. Furkin Pet Insurance policies are sold and distributed by Canada Pet Health Insurance Services, Inc., dba Furkin.