



# Holiday / Trip Cancellation 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

## Holiday / Trip Information *Please supply information regarding the trip that was cancelled or shortened.*

**Trip Booking Date:** \_\_\_\_\_ **Your Portion of Trip Cost:** \_\_\_\_\_

**Planned Departure Date:** \_\_\_\_\_ **Total Trip Costs:** \_\_\_\_\_

**Planned Return Date:** \_\_\_\_\_ **Reason For Cancellation:** \_\_\_\_\_

**Date Trip Was Cancelled / Altered:** \_\_\_\_\_

**Actual Return Date:** \_\_\_\_\_

## Veterinary and Emergency Care Information

*To be completed by Veterinarian providing emergency life-saving treatment.*

**For what emergency life-saving treatment was this patient treated?** *(List major complaints if no diagnosis determined)*

\_\_\_\_\_ Have you ever seen this pet for this condition before?  Yes  No

\_\_\_\_\_ Have you ever seen this pet for this condition before?  Yes  No

**Are you aware of this pet being seen by another hospital for any of the above diagnoses**  Yes  No

**Did the above conditions result in the death / euthanasia of this patient?**

Yes  No

**If No, what was the Hospital Discharge Date:** \_\_\_\_\_  
MM / DD / YY

I confirm to the best of my knowledge the above information is true in every respect.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
MM / DD / YY

**PRACTICE STAMP:**  
*(Please include Practice address and phone number)*



## Holiday / Trip Cancellation Claim Form

*We will reimburse travel and accommodation costs up to \$1,000 per incident if your pet requires life-saving treatment for any accident or illness, which results in you having to cancel a holiday trip (or shorten a trip if you are already on holidays when this life-saving treatment is required.*

- Submit one (1) form for each pet.
- If you're mailing this form and receipts, please retain a copy for your records.
- All reimbursement requests must be received within 90 days from the date you cancelled your trip.
- Your co-insurance and deductible do not apply to this claim, and the amount you claim will not be calculated in your annual policy limit.

### To be eligible for trip cancellation benefits:

- The accident or illness condition that compels you to undertake emergency treatment for your pet must be eligible for coverage, must occur within 7 days of your scheduled departure, must occur after expiry of the applicable waiting periods and while your policy is in effect.
- You must not have recovered travel and accommodation costs from other sources, (i.e., under a separate travel insurance policy).
- You must have booked your holiday 28 days or more in advance.
- Any cancellation costs associated with anyone else traveling with you are not eligible for this coverage.

### For Veterinarians:

- Please provide a brief working/definitive diagnosis, e.g., renal failure, lumpectomy, fractured left tibia.
- If diagnosis is unknown, list major clinical symptoms, e.g., vomiting, lethargy, adema.
- Please do not list diagnostic tests completed.
- Please provide your client with a legible, detailed invoice/receipt.
- If treatment for multiple problems is listed on one invoice, please denote with numbers (1,2,3) which items pertain to which conditions.

## 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 invoices.

### 3 Send Your Claim Documents

**You can send us your claim by:**

**Email:** claims@furkin.com

**Fax:** 1-855-868-0840

**Mail:** 309 - 1277 Lynn Valley Road  
North Vancouver, BC V7J 0A2



### 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.