

Name on policy: _____ Day phone: _____ PREFERRED ☐
 Your pet's name: _____ Evening phone: _____ ☐
 Your policy number (if known): _____ Email: _____ ☐

Filed a claim for this condition before?

☐ Yes - We like to keep things simple. Only complete this section and sign below.

Reason for treatment: _____

Related claim number (if known): _____

☐ No - Complete section A and sign below. The treating hospital should complete section B.

A: Your pet's info - If you have provided this information before, and nothing has changed, skip to section B.

Date of birth: (M/Y) _____

Adoption: (M/Y) _____

Spay/neuter: ☐ Yes ☐ No Date: (M/Y) _____

Completed at: _____

Is/was this pet insured under any other insurance carrier?

☐ Yes ☐ No ☐ No, but previously (M/Y cancelled)

If yes/previously, company: _____

Please list all veterinary hospitals your pet has visited:

City: _____

City: _____

City: _____

Friendly reminder: Please do not submit claims for invoices that only contain exam fees or routine preventative care (e.g. vaccinations).

Your signature authorizes all veterinarians your pet has received treatment from to provide us with a copy of your pet's medical records and confirms all information provided is true and correct to the best of your knowledge and belief.

Pet owner signature: _____

B: Treatment info - Completed by treating hospital

Reason for treatment (please include diagnosis if known):

Condition 1: _____

Date of first sign: _____

Due to an accident?

☐ Yes ☐ No

Condition 2: _____

☐ Yes ☐ No

Dental claims only: Pet received a dental exam in the last 12 months & owner has followed dental recommendations.

☐ Yes ☐ No ☐ N/A or unknown

Has the owner followed all of your preventative care recommendations (flea, tick, vaccines, etc.)?

☐ Yes ☐ No ☐ N/A or unknown

Hospital name: _____

Treating veterinarian: _____

Preferred contact method: ☐ Phone ☐ Fax ☐ Email
Please check one and provide info below

Process this claim as Claims Express™?

☐ Yes - Please pay the hospital directly

☐ No - Please reimburse the pet owner

Submit Claims Express™ claims only to:

Email: ClaimsExpress@Trupanion.com or

Fax: 866.729.2915

We love our pets and our customers! Yet, for your protection, insurance laws require the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

Mailing Address US: 907 NW Ballard Way
Seattle, WA 98107

Canada: PO Box 34538 1268 Marine Drive
North Vancouver, BC V7P 1T2