

## BOARDING KENNEL FEES CLAIM FORM

0800 255 426

Please phone if you have any questions regarding this form.



Please complete a separate form for each pet.

The completed form should be returned to Pet Plan, Level 1 152 Fanshawe St, Auckland 1010.

### SECTION A

to be completed by the policyholder

#### About you

Surname Mr/Mrs/Ms Initial

Address

Daytime phone No. (incl. area code) Ext.

Please tick here if new address

Payment cheques can be made out to the person(s) shown on the certificate. If two people are named, but you have separate bank accounts, please enter below the name to appear on the cheque or bank account details for EFTPOS payment.

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If the policy is in joint names both signatures are required. **I/we claim the following amount being the cost including GST of Boarding/Caring of the pet & acknowledge payment to the above named account holder in full and final settlement.**

Signature  
Date / /

#### About your pet

Certificate No.

Your pet's name

Pedigree name *(if applicable)*

Dog  Cat  M  F Age:

Breed

Which policy plan do you have

Signature  
Date / /

### SECTION B

to be completed by the policyholder's general practitioner or hospital physician/surgeon

Patient's name Mr/Mrs/Ms

Name of G.P. Practice

Telephone No. (incl. Area Code)

Name and address of admitting hospital

Date of Hospitalisation  
From / / To / /

Medical condition requiring hospital treatment

Date of the first visit to **any** Doctor for this condition  
/ /

**I confirm that to the best of my knowledge the statements are true in every respect.**

Signature(s) of G.P./Hospital Physician/Surgeon  
(please delete as applicable)  
Date / /

### SECTION C

to be completed by the boarding kennel proprietor/home carer (please attach receipts)

Owner's name Mr/Mrs/Ms

Name of Kennel/Home Carer

Telephone No. (incl. area code)

Date of Boarding/Homecare  
From / / To / /

Boarding fees per day \$ :

Total fees \$ :

**I confirm that to the best of my knowledge the statements are true in every respect.**

Signature(s) of Boarding Kennel Proprietor/Home Carer (please delete as applicable)  
Date / /

**Important Note:** For a claim to be activated under this section of the Policy, the Policy Holder MUST have been hospitalised for 4 or more days. (Not if you have just boarded your Pet whilst on holidays)