



Pet Insurance[®]

ONTARIO SPCA CLAIM FORM

Official Insurance of Ontario's Pets

www.ospcainsurance.ca • 1-866-600-2445

A. MUST BE COMPLETED BY THE POLICYHOLDER

YOUR POLICY

Insurance Policy Number:

Please include this number on all documents

Plan Type: (check one)

Coverage 1 Coverage 2 Coverage 3 Unlimited Coverage

YOUR DETAILS

Owner Name:

Address:

check here if this is a new address

Phone: E-mail:

Veterinarian/Clinic Name:

Address:

Phone: Fax:

YOUR PET DETAILS

Pet Name:

Pet DOB: Gender: male female

Type of Pet: dog cat

Breed:

B. TREATMENT INFORMATION

SECTIONS B, C, D MUST BE COMPLETED BY THE VETERINARY CLINIC

Treatment Information	Diagnosis and Treatment Details	Date Signs and Symptoms First Noted	Total Treatment Costs	Has the pet been treated for this condition before?	Is there likely to be ongoing treatment?
Medical Claim 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no If Yes, when? <input type="text"/> (dd/mm/yy)	<input type="checkbox"/> yes <input type="checkbox"/> no
Medical Claim 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no If Yes, when? <input type="text"/> (dd/mm/yy)	<input type="checkbox"/> yes <input type="checkbox"/> no
Medical Claim 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no If Yes, when? <input type="text"/> (dd/mm/yy)	<input type="checkbox"/> yes <input type="checkbox"/> no
Medical Claim 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no If Yes, when? <input type="text"/> (dd/mm/yy)	<input type="checkbox"/> yes <input type="checkbox"/> no

Has this pet had an annual physical examination in the past 12 months, and up to date on all recommended vaccinations? yes no

How long has this pet been a patient of your clinic? Less than 12 months More than 12 months

If this pet was referred to you, give the name of the referring practice/clinic:

Pet's Weight: _____ Kg Lbs Body Condition Score (BCS): _____ 1-5 Scale (1 = emaciated, 5 = Obese) 1-9 Scale (1 = emaciated, 9 = Obese)

How do I submit my form?

NOTE: You must submit an itemized paid invoice with claim form.

FAX (no cover necessary): 1-866-368-7387 • **MAIL**: 710 Dorval Drive, Suite 400, Oakville, ON L6K 3V7 • **EMAIL**: claims@ospcainsurance.ca

Need more claims forms? Download forms at: www.ospcainsurance.ca

PLEASE ENSURE BOTH SIDES OF THIS CLAIM FORM ARE COMPLETED AND RETURNED WITH RELEVANT INVOICES.

Important Notes:

- Please check your Documents of Insurance for your deductible, co-payment and any exclusions that are applicable to this and any claim.
- Please write clearly.
- Please use a separate claim form for each pet.
- Please complete section A and then pass to your vet to complete sections B, C and D.
- You must complete section E (Policyholder Declaration), after the veterinary clinic has completed section B-D. Then return the claim form with paid invoices and complete medical history to:
 - Ontario SPCA Pet Insurance, 710 Dorval Drive, Suite 400, Oakville, ON L6K 3V7; or
 - Fax to 1-866-368-7387; or
 - Email to claims@ospcainsurance.ca
- Your completed claim form should be submitted to Ontario SPCA Pet Insurance within 60 days of any costs being incurred.
- The deductible applies annually. Co-payment applies to each claim.
- If you are claiming for the death benefit, please include a receipt for the purchase price of your pet.
- If you are claiming for Boarding Kennel Fees, Trip Cancellation or Lost Pet Recovery Costs, please refer to policy Terms and Conditions for specifics regarding claim submission.

CHECKLIST

- Make sure Policy Number is filled in.
- Review Policy Documents and Terms and Conditions to see if coverage is available for the current condition being claimed.
- Complete Claim Form fully - both Sections A and E.
- Have your veterinarian complete Sections B-D
- Attach detailed paid invoices for condition(s) being claimed.
- Attach complete medical history.

C. IN THE EVENT OF DEATH

1. Date of death (dd/mm/yy) 2. Cause of death
3. If euthanasia please indicate why necessary
4. Were there any charges made for cremation or burial? yes no If so, how much? \$

D. VETERINARY DECLARATION

I certify that the details above are accurate, complete and true in every respect.

Signature of veterinarian:

Print Name

Date (dd/mm/yy)

CLINIC STAMP

E. POLICY HOLDER DECLARATION

I declare that my veterinarian recommended the treatment for which I am claiming. The veterinary clinic has completed sections B-D and the particulars given are correct to the best of my knowledge and belief. I agree that my veterinarian may provide any information that the company may require to verify my claim. I understand that any misrepresentation or omission of any material fact can result in denial of the claim.

Signed (policy holder) _____

Date (dd/mm/yy)

PLEASE RETURN TO:

Ontario SPCA Pet Insurance, 710 Dorval Drive, Suite 400, Oakville, ON L6K 3V7; or

Fax to 1-866-368-7387; or

Email to claims@ospcainsurance.ca