

Claim Form for Boarding, Kennel & Cattery Fees

Important notes

We will pay for the cost of boarding your pet at a licensed kennel, cattery or with someone who is looking after your pet and does not live with you, up to the maximum benefit amount.

Note: Please include **RECEIPTS** and applicable documentation. Retain copies for your records.

Please see your Policy Terms, Conditions, and Benefits of Insurance documents for full details.

Mail completed Claim Form to:

SecuriCan General Insurance Company
Attn: Claims Dept.
200 - 1200 Portage Avenue
Winnipeg, MB R3G 0T5

1 About you and your pet (affix a label if you have one)

Policy number: _____

Name: _____

Address: _____ Please check if
new address

Home phone: (____) _____ Work phone: (____) _____

Fax: (____) _____ E-mail: _____

Pet's name: _____

Date of birth (mm/dd/yy): _____

Gender: male female

Type of pet: dog cat

Breed: _____



Questions? Contact us at:
1.800.581.0580 or info@securican.ca

2 To be completed by the insured's General Practitioner or Hospital/Surgeon

Patient's name: _____

Name of admitting hospital: _____

Address: _____ Phone: (____) _____

Reason for hospitalization: _____

Hospital admission date:

mm	dd	yyyy
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Hospital discharge date:

mm	dd	yyyy
----	----	------

Date illness commenced
or accident occurred:

mm	dd	yyyy
----	----	------

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

Signature of healthcare provider: _____

mm	dd	yyyy
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3 To be completed by the boarding kennel or cattery owner/home caregiver

Date of boarding From:

mm	dd	yyyy
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 To:

mm	dd	yyyy
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or home care:

Boarding fees per day: \$ _____ Total fees: \$ _____

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

Name of Kennel or Cattery: _____ Phone: (____) _____

Signature of Kennel/Cattery
owner/homecare giver: _____

mm	dd	yyyy
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4 Policyholder declaration

I understand that the fees listed may not be covered, or may exceed my plan benefits. I understand that I am financially responsible for the entire amount, and confirm that amount has been paid in full. I declare that I have fulfilled the conditions of the Document of Insurance and the Policy Terms, Conditions, and Benefits of Insurance documents.

Signature of policyholder: _____

mm	dd	yyyy
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Checklist

Have you:

- Completed sections 1 & 4
- Signed this form
- Attached detailed receipts

Has your healthcare provider:

- Completed section 2
- Signed this form

Has your pet's caregiver:

- Completed section 3
- Signed this form

Internal use only

Client number: _____

Plan: _____

Checklist number: _____

Date received: _____