

# Veterinary Fee Claim Form



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

Member number: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Please check if new address


Gender:  male  female

Type of pet:  dog  cat

Breed: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_



Questions? Contact us at:  
 1-800-581-0580 or info@westernfic.com

## 2 About the illness or injury (to be completed by your veterinarian)

How long has this pet been registered with your practice?  less than 1 year  more than 1 year

If this pet was referred to you, please give the name of the referring practice: \_\_\_\_\_

	List the name of each separate illness or injury (or give the clinical signs if you have not yet made a diagnosis) * For help on completing this section please see reverse "Tips for your veterinarian"	Date of first clinical signs (as noted by you, the client or the pet's medical record)
Problem 1		
Problem 2		
Problem 3		

Did any illness or injury being claimed for result in the death or euthanasia of the pet?  yes  no

If yes, date of death: 

mm	dd	yyyy
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## 3 Declaration of the veterinary practice (to be completed by your veterinarian)

I have checked the information on this claim, and it is correct to the best of my knowledge.

Name of attending veterinarian (please print): \_\_\_\_\_

Signature of attending veterinarian: 

_____	mm	dd	yyyy
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Practice stamp or print practice name

## 4 Member declaration

I understand that the fees listed may not be covered, or may exceed my plan benefits. I understand my claim may be limited to fees no greater than the amount specified by the Provincial Fee Guide. I understand that I am financially responsible to my veterinarian for the entire treatment cost, and confirm that treatment cost has been paid in full. I declare that I have fulfilled the conditions of the Document of Insurance and the Policy Terms, Conditions, and Benefit of Insurance documents. I authorize my veterinarian to release all medical histories to Western Financial Insurance Company and to confirm any details as required, and for Western Financial Insurance Company to advise my veterinarian of my chosen plan.

Signature of member: 

_____	mm	dd	yyyy
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### Checklist

Have you:

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

Has your veterinarian:

- Completed sections 2 & 3
- Signed this form

Please turn over

