



ORIENTAL ASSURANCE CORPORATION

PET INSURANCE CLAIM FORM Claimant's Statement

Claimant's Information:

Pet Name:

Policy Information:

Policy No.:	Effective Date:
Certificate No.:	Invoice No.:

Veterinary/ Animal Clinic Information:

Name:	
Address:	Telephone No.:

Claim History:

Diagnosis:	
If injured, how and when did accident occur?	
Date of original diagnosis or surgery:	
Nature of Accident or injury (Describe):	
If surgery was performed, please describe type of surgery:	
If confined due to this condition, please give dates of admission and discharge:	
Date of Admission:	Date of Discharge:
Treated by: Veterinarian Name and Address	
Clinic Name and Address	

The above statements are true and correct to the best of my knowledge and belief.

Name and Signature of Pet Owner

Date

IMPORTANT: HOSPITAL ITEMIZED RECEIPTS, STATEMENT OF ACCOUNT, OFFICIAL RECEIPT OF PAYMENT, DOCTOR'S FEE, PRESCRIPTION, INVOICES, ETC., MUST BE SUBMITTED ON ALL CLAIMS FOR MEDICAL SURGICAL EXPENSES

MEDICAL INFORMATION AUTHORIZATION: I hereby authorized any hospital, physician, or other person, who has attended me or examined me, to disclose when requested to do so by the **ORIENTAL ASSURANCE CORP.** or its representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatments, and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Approved by: _____ DVM Pet Owner's Signature _____

Attending Veterinarian's Statement

Pet's Information

Pet Name:	Age:
Diagnosis:	
When did symptoms first appear or date of accident?	
Has pet ever had same or similar condition? If yes, when?	
Date diagnosis was made:	
Diagnosis including complications	
Subjective symptoms:	
Objective findings:	
Surgery, if performed	
Date of surgery:	
Nature of surgery:	
Confinement, If required	
Date of admission :	Date of discharge:
Name of veterinary/ animal clinic:	
Prognosis:	<input type="checkbox"/> <input type="checkbox"/>

Remarks:

Name of attending veterinarian (print):

Degree:

Telephone:

Street Address:

City:

State:

Signature:
