EMERGENCY PET INSURANCE CLAIM DOCUMENT COVER

Keep this sheet at the front of your emergency veterinary and insurance records.

1. Pet & Emergency Information

Pet's name	
Owner's name	
Date of emergency	
Emergency veterinary hospital	
City	
Primary veterinarian	

2. Emergency Treatment Summary

Reason for emergency	
Diagnosis / condition	
Total veterinary bill	$
Date discharged	

Treatment / Status	Yes	No
Hospitalization required	☐	☐
Surgery performed	☐	☐
Specialist involved	☐	☐
Follow-up care required	☐	☐

3. Pet Insurance Claim

Insurance company	
Policy number	
Claim number	
Date claim submitted	

Claim Status	Yes	No
Claim submitted	☐	☐
Insurer requested additional records	☐	☐
Claim approved in full	☐	☐
Claim denied	☐	☐
Claim underpaid / partially paid	☐	☐
Amount reimbursed	$	
Amount not reimbursed	$	
Reason given by insurer		

4. Documents in This Folder

Check each item as you add it to your records.

☐ Itemized veterinary invoice	☐ Emergency veterinary medical records
☐ Diagnostic / test results	☐ Discharge instructions
☐ Prescription records	☐ Pet insurance policy
☐ Claim submission / confirmation	☐ Explanation of Benefits (EOB)
☐ Denial or underpayment letter	☐ Emails / letters from the insurer
☐ Proof of payment to the veterinary hospital	☐ Other:

5. Notes / Important Dates: