

# REIMBURSEMENT REQUEST FORM ADVERTISING & REWARD



## TO BE COMPLETED BY MEMBERS

YOUR POLICY NUMBER: \_\_\_\_\_

YOUR PET'S NAME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

PHONE NUMBER: (        ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Notice:** The information collected on this form about you and your pet and otherwise in respect of this claim is required by Pets Plus Us, a division of PTZ Insurance Services Ltd. for insurance purposes, including to evaluate and, if approved, process payment of your claim. By providing your email address, you specifically provide us with consent to communicate with you by email for pet insurance purposes.

**Declaration:** I declare that all details provided in this reimbursement request are true and accurate. I further authorize my attending veterinarian, upon request, to release my pet's medical records to Pets Plus Us, a division of PTZ Insurance Services Ltd. pet health insurance representatives.

SIGNATURE \_\_\_\_\_

DATE (mm/dd/yyyy) \_\_\_\_\_

## CIRCUMSTANCES SURROUNDING YOUR LOST PET

DATE OF DISAPPEARANCE: \_\_\_\_\_

DETAILS OF HOW LOSS OCCURED: \_\_\_\_\_

DATE LOSS WAS REPORTED TO AUTHORITY: \_\_\_\_\_

NAME OF AUTHORITY: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: (        ) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADVERTISING DETAILS - If you wish to claim for advertising costs, please complete the following

DETAILS OF ADVERTISING (Please attach a copy of ad and paid invoice): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## REWARD DETAILS - If you wish to claim for a reward claimed, please complete the following

NAME OF PERSON WHO FOUND YOUR PET: \_\_\_\_\_

THE AMOUNT OF THE REWARD PAID (Please attach a signed receipt from the person who thankfully found your pet) : \_\_\_\_\_

**Fax: 1-855-456-7387 – No cover sheet required.**

**Questions? Call 1-800-364-8422**

# REIMBURSEMENT REQUEST FORM CHECKLIST

To ensure a rapid processing of your reimbursement request, please be sure of the following:

- Please ensure the form is completed in full and signed by you and the attending veterinarian.
- Please include all relevant receipts and invoices that pertain to this reimbursement request.
- Any forms that are incomplete or missing legible receipts/invoices may delay reimbursement.

## TIPS FOR MEMBERS

- Submit one (1) reimbursement request form for each pet.
- If mailing this form and receipts, please retain a copy for your records.
- Please submit this form in a timely manner, as all reimbursement requests must be sent to us within 6 months from when your pet went missing.
- We reimburse the cost of advertising and reward money if your pet goes missing and you've reported your loss to a local shelter, humane society or animal service agency. Your pet must go missing after the expiry of the applicable waiting period of your policy and while your policy is in effect. Limit is up to \$1000 per incident.
- To be eligible for reimbursement, the person you are rewarding cannot be a member of your immediate family or a person you employ or live with. For any reward amount, we need a signed receipt from the person who thankfully found your pet.
- If you need any help filling out this form, call us at 1-800-364-8422 and we would be pleased to assist you.

## THREE WAYS TO REQUEST REIMBURSEMENT

1. **Fax: 1-855-456-7387** – *No cover sheet required.*
2. **Mail your reimbursement request form and all relevant receipts to:**  
Pets Plus Us  
1115 North Service Road West, Unit 2  
Oakville, Ontario L6M 2V9
3. **Email: [submissions@petsplusus.com](mailto:submissions@petsplusus.com)**  
*Email PDF or JPEG file. Submit by one method only as duplicate requests will delay processing.*

