

KIDO PET INSURANCE CLAIM FORM

<p>Policy Details</p> <p>Broker Company Name (if applicable)</p> <p>_____</p> <p>Policy Number</p> <p>_____</p>	<p>Please return the following documents within 30 days of receiving your final invoice from your vet to claims@kidopet.co.za:</p> <ul style="list-style-type: none"> • Detailed invoice (statement not accepted) • If this is your 1st claim please attach a full veterinary history from your vet • Veterinary history from your vet for this claim
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Pet Owner Details	
Title (Dr, Mr, Mrs, Miss, Other) _____	ID Number _____
First Name _____	Phone Number _____
Last Name _____	Email Address _____

Pet Details			
Name _____	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	
Date of Birth _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Breed _____			

Vet to Complete	
Diagnosis _____	

Practice Name _____	Date (Period) of Treatment _____
_____	Chronic Illness <input type="checkbox"/> New Illness/Injury <input type="checkbox"/>
Phone Number _____	Has this been treated before YES <input type="checkbox"/> NO <input type="checkbox"/>
Vet SAVC Registration Number _____	Did the pet die / euthenased YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Veterinarian _____	Signature of Vet _____