

# Claim Form for Holiday Cancellation



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

Policy number: \_\_\_\_\_

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

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

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

Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Questions? Contact us at:**  
 1.800.581.0580 or info@westernfic.com

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

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

Gender:  male  female

Type of pet:  dog  cat

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

**Mail completed Claim Form to:**  
 Western Financial Insurance Company  
 Attn: Claims Dept.  
 200 - 1200 Portage Avenue  
 Winnipeg, MB R3G 0T5

## 2 Your holiday details

Please provide booking invoice and cancellation invoice from the travel agent or other holiday sales organization. From the invoices, please complete the following:

Booking Date: 

mm	dd	yyyy
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 Cost of Travel: \$ \_\_\_\_\_

Departure Date: 

mm	dd	yyyy
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 Return Date: 

mm	dd	yyyy
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Cancellation Date: 

mm	dd	yyyy
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 Actual Date Returned Home: 

mm	dd	yyyy
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Other Unrecoverable Expenses: \$ \_\_\_\_\_

## 3 Policyholder declaration

I understand that the fees listed may not be covered, or may exceed my plan benefits. I understand that I am financially responsible for the entire amount, and confirm that amount 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.

Signature of policyholder: \_\_\_\_\_ 

mm	dd	yyyy
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Please see your Policy Terms, Conditions, and Benefits of Insurance documents for full details.

## Checklist

- Have you:**
- Completed sections 1, 2 & 3
  - Signed this form
  - Attached detailed receipts
- Has your veterinarian:**
- Completed sections 4 & 5
  - Signed this form

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

Please fill in the sections below and include receipts or attach applicable Claim Form for Veterinary Fees.

	List the name of each separate illness or injury (or give the clinical signs if you have not yet made a diagnosis)	Has your practice sent us a claim for this illness or injury before?	When did this illness or injury first begin (as noted by you, the client or on the pet's record)?	First and last date of treatment being claimed for	Total Fees (including taxes)
1.					
2.					

## 5 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

The deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or cancellation of the policy.

### Internal use only

Client number: 



 Plan: 



 Checklist number: 



 Date received: