KIDO PET INSURANCE CLAIM FORM

Policy Details

Broker Company Name (if applicable)

_____

Policy Number

_____

Please return the following documents within 30 days of receiving your final invoice from your vet to claims@kidopet.co.za:

- 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 if a new condition

Pet Owner Details

Title (Dr, Mr, Mrs, Miss, Other) _____

First Name _____

Last Name _____

ID Number _____

Contact Number _____

Email Address _____

Pet Details

Name _____

Date of Birth_____

Breed _____

Dog ☐ Cat ☐

Male ☐ Female ☐

Claim Details

What was your pet seen for and what was the diagnosis

_____

_____

_____

Vet Practice Name _____

_____

Phone Number_____

Name of Veterinarian_____

Date (Period) of Treatment _____

Has this been treated before YES ☐ NO ☐

Did your pet die/put to sleep YES ☐ NO ☐