



Please complete the form below with all necessary information and include all relevant invoices for this claim. For fastest reimbursement, ensure that all information is filled out and legible. Claims can be submitted via email, mail or fax.

Questions? Call us at 866-725-2747 or email us at info@akcpetinsurance.com

Policy Number	Pet Name				
Is the pet insured with another pet insurance company? O Yes O No					
Claim Details Reason for visit: Wellness O Injury/ (Check all that apply) Tell us more about the injury or illness:	Illness O If injury or illness, when did you Date: first notice the signs or symptoms?				
Your Information	Is this a new address or phone number? O Yes O No				

Address	City	State	Zip
Phone	Email		

Submission of this claim form authorizes all veterinarians that your pet has received treatment from to provide us with a copy of your pet's medical records and confirms all information provided is true and accurate to the best of your knowledge and belief. State law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

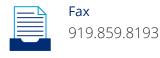
Submit Your Claim



Email claims@petpartners.com



By Mail PetPartners, Inc. PO Box 37940 Raleigh, NC 27627



Administered by PetPartners, Inc.

Underwritten by Independence American Insurance Company & American Pet Insurance Company