



# Claim Form Checklist

## DID YOU REMEMBER TO:

**Complete the Claim Form in its entirety?**

- Sign and date the claim form
- Have your veterinarian fill out the medical diagnosis
- Have your veterinarian sign and date the claim form
- Have your veterinarian provide their contact information

**Attach all invoices and/or itemized receipts?**

**Attach all medical treatment records for the claimed incident?**

- If this is your pet's first accident or illness claim, please provide 12 months of medical records (i.e. doctor's notes; prior to and including the incident date)
- If your pet is less than 12 months of ages, include all vet visits
- If this is not your first accident/illness claim, but is a new incident, please include the medical records related to the new claim
- If you recently adopted, please include adoption paperwork

**Did you make a copy to retain for your records?**

## HOW TO SUBMIT YOUR CLAIM:

**Email:** SubmitClaim@petfirst.com  
**Fax:** 877-281-3348  
**Mail:** PetFirst- Claims Department  
One Quartermaster Court  
Jeffersonville, IN 47130

All claims must be submitted in writing to PetFirst within **ninety (90) days** of the treatment or receipt date. Please allow at least **10 business days** for processing.

**Please note:** Documentation is needed to support your request for review. Upon review, additional information may be requested. Failure to provide the necessary documentation will result in a delay in the processing of your claim.