

Pet Insurance - Application

Applicant Information:

Name:	_____	SS#	_____		
Date of Birth:	_____	Male:	_____	Female:	_____
Address:	_____				
Email:	_____	Contact #	_____		

Pet Information:

Pet Name:	_____	Species:	_____		
Date of Birth:	_____	Gender:	_____		
Spayed/Neutered:	<u>Yes</u>	<u>No</u>	Microchipped:	<u>Yes</u>	<u>No</u>

Medical History:

Primary Veterinarian / Clinic Name:	_____				
Has your pet been seen by a veterinarian in the last 12 months?			<u>Yes</u>	<u>No</u>	
Any pre-existing conditions, chronic illnesses, or ongoing treatments?			<u>Yes</u>	<u>No</u>	
If yes, please describe:	_____				
Any surgeries in the past 24 months?			<u>Yes</u>	<u>No</u>	
If yes, please describe:	_____				
Is your pet currently on any medications?			<u>Yes</u>	<u>No</u>	
If yes, list medications:	_____				

Lifestyle & Risk Factors:

Is your pet used for breeding?			<u>Yes</u>	<u>No</u>	
Is your pet used for working, service, or competition activities?			<u>Yes</u>	<u>No</u>	
Does your pet have a history of aggression or biting?			<u>Yes</u>	<u>No</u>	

Coverage Requested:

Coverage Type:	<input type="checkbox"/> Accident Only	<input type="checkbox"/> Accident & Illness	<input type="checkbox"/> Accident, Illness & Wellness		
Annual Limit Requested:	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Unlimited	<input type="checkbox"/> Other:	
Deductible:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> Other:	
Reimbursement %:	<input type="checkbox"/> 70%	<input type="checkbox"/> 80%	<input type="checkbox"/> 90%		

Claims History:

Any pet insurance claims in the past 3 years?			<u>Yes</u>	<u>No</u>	
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Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize _____ to charge my
(Full Name) (Merchant's Name)

bank account indicated below for \$ _____ on the _____ of
(Amount \$) (day)
each _____.
(week, month, etc.)

This payment is for _____.
(Description of Goods/Services)

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

Checking Savings

Account Name _____
Bank Name _____
Account Number _____
Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify _____ in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that _____ may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$ _____ charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____

