

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

Pet Owner Details

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

ID Number _____

First Name _____

Phone Number _____

Last Name _____

Email Address _____

Pet Details

Name _____

Dog ☐

Cat ☐

Date of Birth _____

Male ☐

Female ☐

Breed _____

Vet to Complete

Diagnosis _____

Practice Name _____

Date (Period) of Treatment _____

Chronic Illness ☐ New Illness/Injury ☐

Phone Number _____

Has this been treated before YES ☐ NO ☐

Vet SAVC Registration Number _____

Did the pet die / euthenased YES ☐ NO ☐

Name of Veterinarian _____

Signature of Vet _____