



Healthy Pet Warranty Program Claim Form

Date: _____

Guest Name: _____

Human Name: _____

Preferred reimbursement method (MUST be filled out in order to process your claim):

- ☐ Credit on your account – for use on your next visit(s)
- ☐ Email money transfer; Email address: _____
- ☐ Cheque; Name and address: _____

Date Guest was at the Spotted Spa	Claim Type (Injury or Disease)	Date seen by vet	Date contacted Spotted Spa (name of employee you spoke with)	Claim Amount

Place a checkmark beside each of the following statements

- ☐ I have taken my pet to veterinarian within the allotted time frame
- ☐ I have contacted the Spotted Spa within the allotted time frame
- ☐ I have included a written diagnosis from my veterinarian
- ☐ I have included an invoice from my veterinarian
- ☐ I have included proof of payment in full to my veterinarian

Signature: _____ Date: _____

- Please return claim to the Spotted Spa by mail: 5571 Anderson Rd, Kelowna BC, V1X 7V4
OR email: spottedspa@shaw.ca