

VPI[®] Pet Wellness Basics

Application



OWNER INFORMATION

FIRST NAME		LAST NAME	
ADDRESS			
CITY		STATE	ZIP CODE
PHONE NUMBER	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> WORK
EMAIL			
MEMBER NAME		MEMBER ID	

PET INFORMATION

PET'S NAME	PET'S DATE OF BIRTH (MM/DD/YYYY)	<input type="checkbox"/> DOG	<input type="checkbox"/> MALE
		<input type="checkbox"/> CAT	<input type="checkbox"/> FEMALE
BREED	COLOR	IS YOUR PET SPAYED/NEUTERED?	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO

ACCEPTANCE OF TERMS

I agree to obtain and provide a copy of the medical records and additional requirements for my pet if requested. To the best of my knowledge I declare the information provided on this application to be true and factual. I understand non-disclosure or misrepresentation will render this contract null and void. I agree to the terms of the VPI privacy policy available at www.petinsurance.com and verify that I am at least 18 years of age and a resident of the U.S.A. Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Not applicable in Nebraska, Oregon and Vermont.

- YES, PLEASE DEDUCT THE PREMIUM FOR MY VPI PET INSURANCE POLICY FROM MY PAYROLL.
- I AGREE THAT THE PET LISTED ON THIS APPLICATION LIVES WITH ME AND THAT I DO NOT HAVE ANY OTHER PET INSURANCE POLICIES WITH VETERINARY PET INSURANCE CO. FOR THIS PET.

SIGNATURE _____ TODAY'S DATE _____