

# Annual Pet Insurance Premium Payment Receipt

Receipt No: \_\_\_\_\_

Date: \_\_\_\_\_

**Policyholder Name:**

**Address:**

**Contact Number:**

**Email:**

**Policy Number:**

**Pet Name:**

**Pet Type/Breed:**

**Period of Coverage:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Annual Premium Amount:**

**Other Fees (if any):**

**Total Amount Paid:**

**Mode of Payment:**

**Date of Payment:**

Authorized Signature

Policyholder Signature