

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