

Pet Health Insurance

One-Time Premium Receipt

Receipt No: _____

Date: _____

Policyholder Information

Name _____

Address _____

Email _____

Phone _____

Pet Information

Pet Name _____

Species _____

Breed _____

Age _____

Premium Details

Policy Number _____

Coverage Plan _____

Period Covered _____

Premium Amount _____

Payment Method _____

Authorized Signature

Signature _____

Date _____

Thank you for choosing Pet Health Insurance.

This receipt confirms the one-time premium payment for the above policy.

Please retain this document for your records.