

# 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.