

Pet Insurance Installment Premium Payment Receipt

Receipt No.: _____

Date: ____ / ____ / ____

Policyholder Information

Name

Address

Contact Number

Email

Pet & Policy Details

Policy Number

Pet Name

Breed

Date of Birth
____ / ____ / ____

Payment Details

| Installment No. | Coverage Period | Amount (in \$) | Payment Date | Payment Method |
|-----------------|-----------------|----------------|--------------------|----------------|
| _____ | _____ | _____ | ____ / ____ / ____ | _____ |

Total Paid

\$ _____

Remarks

Authorized Signature

Date: ____ / ____ / ____