

PET INSURANCE PAYMENT AUTHORIZATION

Date: _____

I, _____, owner of _____,
(Policyholder) (Pet's Name)

do hereby request and authorize _____
(Insurance Company)

to pay my claim directly to Veterinary Referral Hospital Of Hickory.

Please make my claim check payable to VRHOH.

Please mail my claim check to:

Veterinary Referral Hospital Of Hickory
126 US Highway 321 SW
Hickory, NC 28602

Feel free to contact me if you have questions or need additional information. My

contact number is __ (____) _____ - _____ .

Regards,

(Policyholder's Signature)