

Name _____

Policy # _____

DOG QUESTIONNAIRE

Number of Dogs: _____

Specific Breed(s): _____ Age(s): _____

If mixed breed a general idea of mix and size of dog? (i.e. large breed mix, medium or small?) _____

Male or Female(s)? _____ How long have you owned the dog(s)? _____

Are you the original owners? Yes _____ No _____
(please explain if no) _____

Where was the dog acquired? (i.e. purchased from professional breeder, pet shop, adopted from humane society, private home etc?) _____

Has this dog (or any previous dog owned by the insured) ever bitten anyone or demonstrated aggressive behavior? Yes _____ No _____

If yes, please describe the details and the date of the incident occurred: _____

How is the dog restrained when outside (i.e.: is it kept in a fenced area, tied, etc.) _____

Has the dog had formal dog obedience school training? Yes _____ No _____

How often does the dog receive veterinary care _____?

Date of last Rabies vaccination _____

Has the dog(s) been spayed or neutered? Yes _____ No _____

If no, are dogs used for breeding/sale of pups? Yes _____ No _____

Signature of Insured(s): _____ Date: _____