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: ____________

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