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DOG QUESTIONNAIRE

Date: _____

Agency: _____

Insured: _____

Location: _____

Policy Number: _____

Please provide the following information:

Breed of dog(s): _____

Color/markings: _____

Name(s): _____ Age(s): _____

How long have you owned this/these dog(s)? _____

Where is/are the dog(s) kept? _____

Is/are the dog(s) trained to guard or attack? Yes _____ No _____

New York State Department of Agriculture dog license number(s): _____
(Required for all dogs four months of age or older) _____

Does/do the dog(s) have a history of biting? Yes _____ No _____

If yes, please explain: _____

Is there a history of any injury caused by the dog(s)? Yes _____ No _____

If yes, please explain: _____

Signature of Insured

Date