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DOG QUESTIONNAIRE

Date: _____

Agency: _____

Insured: _____

Location: _____

Policy Number: _____

Please provide the following information:

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

Weight of dog(s): _____

Color/markings: _____

Up to date with shots? Yes _____ No _____ Licensed? Yes _____ No _____

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

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

Has/have the dog(s) ever displayed aggressive behavior, vicious propensities, or bitten anyone?

Yes _____ No _____

If yes, please explain: _____

Signature of Insured

Date