



Established 1887

SECURITY FOR THOSE WE SERVE

SHARED PURPOSE. MUTUAL VALUES.™

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DOG QUESTIONNAIRE

Date:

Agency:

Insured:

Location:

Policy Number:

Please provide the following information:

Has/have the dog(s) ever bitten, nipped or shown vicious propensities? Yes ___ No ___

Has a judge ever designated the dog to be a dangerous dog? Yes ___ No ___

If yes to either, please explain: _____

Is dog Male or Female? _____ Is the dog spayed or neutered? Yes ___ No ___

If not, why not? _____

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

Weight of dog(s): _____ Breed: _____

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? _____

Please provide a photo of each dog.

Signature of Insured

Date