



Dog Questionnaire

Named Insured:

Policy #:

Location Address:

1. Breed of dog:
2. Sex of dog: Male Female
3. Spayed/Neutered Yes No
4. Approximate weight:
5. How long owned/maintained by Insured/Tenant:
6. Dog's age:
7. Where is dog kept:
Inside Dwelling Outside Dwelling Run/Chain Other :
8. Is the dog restrained when outdoors: Yes No
How & when:
9. Has the Dog Been Trained for:
Security Hunting Show Other :
10. Has the Dog ever bitten anyone? Yes No
11. Any past or present claims against the dog? Yes No
If yes, give details:
12. Does the dog appear aggressive? Yes No
13. Is the dog current with rabies shot? Yes No
14. Is dog on any behavior modification programs or medication? Yes No
15. Remarks if any:

Insured signature:

Date:

Agent's signature:

Date: