

DOG QUESTIONNAIRE

Insured: _____ Policy #: _____

Agency Name & Code: _____

1. How many dogs are owned by the insured: _____

2. How long has the insured owned the dog(s): _____

3. Age of dog(s) & Breed(s): _____

4. Is the insured a dog breeder (hobby or professional): Yes No

5. Has the dog been spayed/neutered: Yes No

6. Is the dog licensed and vaccinated: Yes No

7. Is/Are dog(s) restrained when outdoors: Yes No

How Restrained?

Dog Run Rope/Chain Tether Fenced Yard
 Kennel/Pen Invisible Fence Other: _____

8. Has any dog bitten or shown aggressiveness toward humans or other dogs? Yes No

If "Yes", please explain: _____

9. Has the dog successfully passed the AKC Canine Good Citizens test? Yes No

10. Age of dog on Canine Good Citizen test date: _____

PLEASE ATTACH A PHOTOCOPY OF THE ORIGINAL CANINE GOOD CITIZEN CERTIFICATE

Please note that the agent MUST view the original Canine Good Citizen Award certificate.

I have viewed the original CGC Certificate: _____

Agent Signature

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that any material misrepresentation of fact may result in denial of future claims.

Insured Signature

Date