

# DOG EXPOSURE QUESTIONNAIRE

Insureds Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Today's Date \_\_\_\_\_

## **SECTION A**

1. Name: \_\_\_\_\_
2. Breed: \_\_\_\_\_
3. Sex: \_\_\_ Male \_\_\_ Female
4. Neutered/Sprayed? Yes or No
5. Age: \_\_\_\_\_
6. Approximate weight (pounds) \_\_\_\_\_

## **SECTION B**

1. Where does the insured normally keep the dog?  
\_\_\_ Inside Home \_\_\_ Exterior Pen \_\_\_ Dog House  
\_\_\_ Other/Explain: \_\_\_\_\_
2. Is the dog restrained while outside? Yes or No  
If yes, describe method of restraint: \_\_\_\_\_  
If no, please explain why: \_\_\_\_\_

## **SECTION C**

1. How long has the insured owned the dog? \_\_\_\_\_
2. Does the insured currently own other dogs? Yes or No  
If yes, please complete a separate Dog Exposure Questionnaire for each dog.
3. Has the dog been trained for any of the following?  
\_\_\_ Security/Protection \_\_\_ Sport/Hunting