

**K-9 Questionnaire**

Number of dogs\_\_\_\_\_

Name of all dogs\_\_\_\_\_

Ages of all dogs\_\_\_\_\_

Weight of all dogs\_\_\_\_\_

Are the dogs licensed and vaccinated: Y/N If no, please explain:\_\_\_\_\_

Female: Y\_\_\_N\_\_\_ Spayed: Y\_\_\_N\_\_\_ Male: Y\_\_\_N\_\_\_ Neutered: Y\_\_\_N\_\_\_

How long have you owned the dogs?\_\_\_\_\_

How were dogs acquired? Breeder/pet store/other\_\_\_\_\_

Have any of the dogs ever bitten or exhibited any aggressive or protective behavior? Y/N If yes, please explain:\_\_\_\_\_

Any training? Y/N If yes, what type?\_\_\_\_\_

Have any of the dogs been trained for security or protection? Y/N If yes, please explain:\_\_\_\_\_

AKC certificates? Y/N If yes, age of dogs on Canine Good Citizens test date:\_\_\_\_\_

Please note that the agent **MUST** view the original Canine Good Citizens Award Certificate.

I have viewed the original CGC Certificate and attached photocopy of original:\_\_\_\_\_

Is the insured a dog breeder (hobby or professional) Y\_\_\_N\_\_\_

Where are the dogs kept during the day?\_\_\_\_\_ night?\_\_\_\_\_

When outside, how are the dogs restrained?\_\_\_\_\_

Are there any schools or playgrounds within one block of your home(s)? Y\_\_\_N\_\_\_

Are there children in the home with the dogs or are the dogs normally around children? Y/N If yes, explain and provide the children's ages\_\_\_\_\_

Any other animals on the premises? Y\_\_\_N\_\_\_ If yes, please advise how many and what types\_\_\_\_\_

I certify that the information above is true and correct to the best of my knowledge and belief.

**Insured's Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

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