

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:**_____
