



PET QUESTIONNAIRE

Name of Insured: _____ Policy Number: _____

Agency Name/Broker Code: _____ / _____

1. Number of animals on premises: _____
2. Type/Breed: _____ (If mixed breed, please specify ALL breeds)
3. Sex (Circle one): Female Male Spayed/Neutered (Circle one): Yes No
4. Age: _____ Weight: _____
5. How long has the insured owned the animal? _____
6. How was the animal acquired (breeder, pet store, other)?: _____
7. Where is the animal kept during the day? _____
At night? _____
8. How is the animal restrained while outside? _____
9. Is the yard completely fenced? _____
10. Are there any children on the premises? _____
11. Has the animal ever bitten anyone? _____
If yes, please provide details: _____
12. Has the animal ever shown any aggressive or protective behavior? _____
If yes, please provide details: _____
13. Has the animal been trained for security or protection? _____
If yes, please provide details: _____
14. Have there been any past or present claims filed involving the animal? _____
If yes, please provide details: _____
15. Has the animal ever had obedience training? _____

(Insured's Signature)

(Date)