PET HEALTHCARE PLAN

DOG BITE SUPPLEMENTAL QUESTIONNAIRE

1. Did this attack result in injury or death to your pet? ____________________________

2. Are both animals owned by you? ____________________________

3. If you answered NO to question 2, do you know the owner of the other dog? ______ Name and address of other owner:
   __________________________________________________________________________

4. Will the other parties homeowners policy be used for reimbursement? If yes, please provide insurance information and policy number:
   __________________________________________________________________________

5. If you answered NO to question 4, will the other party be paying your veterinarian or reimbursing you directly? ____________________________

6. Will you be filing a liability claim for damages against the other party? __________

7. Did this incident occur while services were being provided to your pet? (grooming, boarding, daycare, etc.) ____________________________

8. If you answered yes to question 7, will the provider of said services be held partially responsible? If yes, please provide insurance information and policy number of provider:
   __________________________________________________________________________

9. Was your pet adequately confined or restrained during the attack?
   ____________________________

   Example: Pet was confined within your yard, on a leash while walking.

Briefly describe the event:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
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   __________________________________________________________________________

Mail, Email or Fax completed form and all attachments:
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