

Name \_\_\_\_\_

Policy # \_\_\_\_\_

TURNER BARKER INSURANCE  
ONE INDIA STREET  
PORTLAND, MAINE 04101

## DOG QUESTIONNAIRE

Number of Dogs: \_\_\_\_\_

Specific Breed(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

If mixed breed a general idea of mix and size of dog? (i.e. large breed mix, medium or small?) \_\_\_\_\_

Male or Female(s)? \_\_\_\_\_ How long have you owned the dog(s)? \_\_\_\_\_

Are you the original owners? Yes \_\_\_\_\_ No \_\_\_\_\_  
(please explain if no) \_\_\_\_\_

Where was the dog acquired? (i.e. purchased from professional breeder, pet shop, adopted from humane society, private home etc?) \_\_\_\_\_

Has this dog (or any previous dog owned by the insured) ever bitten anyone or demonstrated aggressive behavior? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the details and the date of the incident occurred: \_\_\_\_\_

How is the dog restrained when outside (i.e.: is it kept in a fenced area, tied, etc.) \_\_\_\_\_

Has the dog had formal dog obedience school training? Yes \_\_\_\_\_ No \_\_\_\_\_

How often does the dog receive veterinary care \_\_\_\_\_?

Date of last Rabies vaccination \_\_\_\_\_

Has the dog(s) been spayed or neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, are dogs used for breeding/sale of pups? Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature of Insured(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_