



F. A. Peabody Company  
 "When you're serious about insurance"



## FAPCO Dog Questionnaire

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

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

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

\_\_\_\_\_

Male of 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 insured) ever bitten anyone or demonstrated aggressive behaviour?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

How is the dog restrained when outside (i.e. fenced area, tied up, 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 puppies? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_