

# PET HEALTHCARE PLAN

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## 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?  
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- 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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