

Dog Bites

Name _____

Date of Birth _____ Marital Status S M W D

If married, Spouse's Name _____

Address _____

Telephone Home _____ Cell _____ Work _____

When/where is best time to reach you? _____

Date of Incident (approximate time if known) _____

Location of Incident _____

Dog Owner(s) _____

Brief Description of Incident _____

Your injuries _____

Did you go to the ER? YES _____ NO _____

Did you go to the ER via ambulance? YES _____ NO _____

Were police called to the scene? YES _____ NO _____

If so, do you have a copy of incident report? YES _____ NO _____

If not, do you know what Police or Sheriff's department came?

What type of dog was it (if known)? _____

Approximately how large (weight) was the dog? _____

Dog Owner's Homeowner's Insurance Company: _____

Do you have photographs of your injuries and/or dog and/or property where incident occurred?

YES _____ NO _____

Do you know if this particular dog has attacked anyone previously? YES _____ NO _____

Any other attorney involved? YES _____ NO _____