

Dog Bite Information Checklist

Your Information

- Name
- Address
- Telephone Number
- Email Address
- Date of Birth
- Do you have health insurance? Name of health insurance company

Facts of Dog Bite Incident

- Date
- Time
- Location of dog attack
- If dog attack occurred on private property: property owner's name, address & telephone number
- Brief description of what happened
- Was the dog on a leash?

Dog & Dog Owner's Information (if you know)

- Dog's breed
- Dog's approximate weight
- Dog owner's name, address and telephone number
- Dog owner's, homeowner's, or renter's insurance:
 - Insurance company's name
 - Policy number
 - Telephone number

Dog Bite Report: Did an animal control or law enforcement agency take a report? If yes, we need the agency's telephone number, location and the report number

Witnesses: Name, address and telephone number of every witness

Did any of your family members witness the dog attack? Family member who witnessed the attack may be able to make a claim for the emotional trauma they suffered

Injuries: Complete list of injuries you suffered, including: location and number of dog bite wounds

Photographs: Do you have any photos of your wounds? The dog? The scene of the incident? Please e-mail all photos to our firm

Medical Treatments: Name, telephone number, and dates of treatment for every medical provider you have treated with as a result of the dog attack

Lost Wages: If you had to take or will taking time off work due to your injuries, we will need to contact your employer to request documentation of your loss of earnings

- Employer's name and telephone number
- Your job title
- Your job duties
- Amount you earn
- Dates off work due to your injuries

Prior Injury Claims: Before this dog bite incident, did you ever make an injury claim? If yes:

- Date of prior injury
- Type of accident
- Injuries suffered

