INCIDENT INFORMATION

Exact Date of

Accident:_____ Time:_____

City:_____

Exact Location:_____

_____

DOG OWNER'S INFORMATION

Name:_____

Phone No.:_____

Address:_____

_____

Dog's Breed:_____

Color:_____

Dog Owner's Home
Insurance:_____

Phone No.:_____

Adjuster Name:_____

Address:_____

_____

Claim/Policy
No.:_____

MY INFORMATION

Witness ‘s Name #1:_____

Phone No.:_____

Address:_____

_____

Witness ‘s Name #2:_____

Phone No.:_____

Address:_____

_____

Animal Control Called? Yes ( ) No ( )

Department:_____

Phone No.:_____

Report No.:_____

Animal Control Officer’s Name:_____

INJURED FROM A DOG ATTACK?

CONTACT OUR ATTORNEYS TODAY
FOR A FREE CONSULTATION:
(714) 676-3767

THE BELIZ LAW FIRM