

PetPro Supplemental Questionnaire

Risk Name: _____ Risk website address: _____

FEIN: _____ Date Business Started: _____

Is this risk independently owned or part of a franchise operation? Owned Franchise

Does this business operate from a residence? Yes No

Total Annual Payroll: \$ _____ Total Number of Employees: _____ Full Time _____ Part Time _____

Total Gross Receipts \$: _____ Total Number of Volunteers: _____ Hrs/week _____

Is risk engaged in the following operations? Check all that apply. Include percentages.

____ % Animal Hospital / Veterinary Clinic ____ % Animal Grooming ____ % Pet Sitting Service

____ % Obedience Training ____ % Boarding ____ % Animal Shelter

____ % Pet Supply Store ____ % Animal Rescue ____ % Other (specify below)

Please describe "other" work performed: _____

Types of animals that services are provided for:

Cats/Dogs: Yes No ____ % Snakes/Birds: Yes No ____ %

Livestock Yes No ____ % Equine: Yes No ____ % Exotic Yes No ____ %

Please describe "exotic" animals: _____

1 Does the risk require clients to provide detailed, written instructions on the proper care of their pet, as well as medical history and emergency numbers? Yes No N/A

2 If the risk cares for unusually rare or valuable animals, are employees trained in the proper care of these animals?
 Yes No N/A If yes, please describe: _____

3 Does the risk require clients to fill out a pet questionnaire prior to performing services? Yes No N/A
If no, please explain: _____

4 Does the risk have qualified persons on staff to take over pet care in the event of an emergency? Yes No N/A
Please describe emergency procedures: _____

5 What methods are used to control pets while on walks? Please describe: _____

- 6 What measures are used to prevent animals from escaping? Please Describe:

- 7 Does the risk have an established protocol to ensure client's premises (doors, windows, gates, etc) are secure prior to leaving?
 Yes No N/A
- 8 What procedures are in place to safeguard client's keys? _____ N/A
- 9 Are background checks done on all employees? Yes No
- 10 What controls are in place to reduce potential injury to animals/persons?

- 11 When in restricted areas such as treatment or x-ray rooms, are visitors escorted by an employee? Yes No
- 12 When necessary, are employees and visitors provided proper personal protective equipment? Yes No
- 13 Is the facility a teaching hospital? Yes No
If so, are interns supervised when working with live animals? Yes No
- 14 Does the risk offer any non-traditional therapies, such as chiropractic or holistic medicine? Yes No
If so, please explain: _____

WORKERS COMPENSATION

- 15 Does this risk use a formal new employee/volunteer training program? Yes No N/A
- 16 Are new employees/volunteers required to work with experienced personnel for a probationary period? Yes No N/A
- 17 Are aggressive animals restrained with muzzles and/or restraining poles? Yes No N/A
- 18 Does the facility have a first aid kit and emergency numbers posted? Yes No N/A

COMMERCIAL AUTO

- 19 Do employees use their personal vehicles for work related travel? Yes No
 1. Are Certificates of Insurance obtained from employees? Yes No
 2. What are the minimum limits accepted? Yes No
- 20 Does the risk ever lease, loan or rent vehicles to others? Yes No
- 21 Does the risk have any vehicles that require CDLs? Yes No
- 22 Does the risk maintain files for all drivers with CDLs? Yes No
- 23 Are any vehicles customized or altered, or do they have special equipment? Yes No

If yes, please explain: _____

Producer's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____