

**DOUGLAS, LEONARD & GARVEY, P.C.**

**NEW HAMPSHIRE DOG BITE CHECKLIST**

**I. General Information**

Your Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Dependents Yes \_\_\_\_\_ No \_\_\_\_\_

<u>Names</u>	<u>Ages</u>	<u>Relationship</u>
_____		
_____		
_____		

Your Social Security Number: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Length of Time With Employer: \_\_\_\_\_

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**II. Dog Owner Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Insurance Company \_\_\_\_\_

Breed of the Dog in Attack \_\_\_\_\_

Name of the Dog \_\_\_\_\_

Describe Size and Color of the Dog \_\_\_\_\_

Are you aware of persons previously bitten/attacked by the Dog? \_\_\_\_\_

If so, identify previous victims \_\_\_\_\_

\_\_\_\_\_

Are you aware if the Dog has been reported to the police or animal control officer?

\_\_\_\_\_ If so, describe:

**III. Details of the Accident**

Identify the Victim \_\_\_\_\_

Date of Accident \_\_\_\_\_

Address/Location of Accident \_\_\_\_\_

Describe how the accident occurred:

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**IV. Attack Scene**

Did the Police or Animal Control Officer respond to the scene? \_\_\_\_\_

If so, identify the Police Officer or Animal Control Officer \_\_\_\_\_

\_\_\_\_\_

Did you give a statement to the Police/Animal Control Officer? \_\_\_\_\_

Have you obtained a copy of the Police/Animal Control Report? \_\_\_\_\_

Was anyone given a summons or ticket for the accident? \_\_\_\_\_

Were there any witnesses? \_\_\_\_\_

If so, identify \_\_\_\_\_

\_\_\_\_\_

Did you speak with any witnesses at the scene? \_\_\_\_\_

If so, describe conversation:

Did you speak to the owner of the dog? \_\_\_\_\_

If so, describe conversation:

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V. **Injuries From Attack**

Describe your injuries:

Were you taken by ambulance? \_\_\_\_\_

If so, what hospital were you taken to? \_\_\_\_\_

\_\_\_\_\_

If you were not taken by ambulance, when did you first get medical attention? \_\_\_\_

\_\_\_\_\_

What was your diagnosis? \_\_\_\_\_

\_\_\_\_\_

Were you prescribed any medications? \_\_\_\_\_

\_\_\_\_\_

Did you see your primary care physician for attack-related injuries? \_\_\_\_\_

\_\_\_\_\_

Identify your primary care physician \_\_\_\_\_

What medical treatment did you receive from your primary care physician  
for attack-related injuries?

Has any medical provider told you that your injuries are permanent? \_\_\_\_\_

If so, identify the medical provider \_\_\_\_\_

Provide the date of your last medical treatment for the attack \_\_\_\_\_

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**VI. Limitations/Restrictions As a Result of Attack**

Describe any limitations or restrictions you have experienced since the attack:

**VII. Criminal History**

Please list for our eyes only, all motor vehicle or criminal charges, arrests or convictions you have ever had. If none, say so:

**VIII. Economic Losses Following Attack**

Did you miss time from work because of attack-related injuries? \_\_\_\_\_

How many days did you miss from work? \_\_\_\_\_

Provide the dates you missed from work \_\_\_\_\_

Date you returned to work \_\_\_\_\_

Did you get paid while missing work? \_\_\_\_\_

Did you use sick or vacation time while missing work? \_\_\_\_\_

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Return to:

Douglas, Leonard & Garvey, P.C.

6 Loudon Road, Suite 502

Concord, NH 03301

**[www.nhlawoffice.com](http://www.nhlawoffice.com)**

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