PA BUREAU OF DOG LAW ENFORCEMENT

DAMAGE CLAIM APPLICATION FOR
DOG CAUSED DAMAGES

Name of Investigating Warden: _____

In order to ensure you have a valid claim, this form must be completed and:

1) Provided to your investigating Warden at the time of the damage investigation; or
2) Mailed to the Harrisburg address at the end of this form within 5 business days of discovery of the damage.

Pursuant to section 701 of the Dog Law, a person may make application to the department for reimbursement for damage to a domestic animal by a dog, whether or not the domestic animal is directly damaged by the dog or is necessarily destroyed due to the damage caused by the dog if all of the following apply: (1) The damage occurs when the domestic animal is confined in a field or other enclosure adequate for confinement of such animal; (2) The damage was not caused by a dog owned or harbored by the owner of such damaged domestic animal; and (3) the owner of the offending dog is unknown. (3 P.S. § 459-701(a))

General Information

I. Set forth a general description of the basis of the claim:

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II. Set forth the Date and Approximate Time the Damage Occurred.

a. Date:_____

b. Time:_____

III. The Number and Type of Domestic Animal(s) Damaged (including copies of records of each animal claimed and a description of each animal damaged utilizing identifying markings, tag numbers or other means utilized to identify each animal in the herd or flock) The description shall include the age and pedigree of each animal claimed.

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IV. Set Forth Details Regarding the Place and Manner of the Damage.

a. Place (including field and location in the field where the damage occurred)

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b. Manner (including type of wound(s) suffered and placement of wound(s) for each animal claimed)

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V. Description of the Type of Enclosure Utilized to Confine the Damaged Animal(s). This Information shall include whether there is Any Area of the Enclosure that is Damaged and a Location of Where the Offending Dog Likely Entered the Enclosure

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VI. Amount of Damages Claimed for Each Animal (This amount is limited to $10,000 for each domestic animal and must be consistent with the information provided in Section III of this application). Include proof of value by providing bills of sale for similar animals sold or purchased; proof of show winnings or national champion status. For injuries and not a killed animal, include copies of vet bills and receipts for medications.

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VII. The Name, Type or Description of the Offending Dog(s), Including the Name of the Owner of the Offending Dog(s) If Known. If not known an affirmative statement that such information is not known to the applicant shall be set forth in this section.

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INSURANCE INFORMATION

Consistent with the provisions of section 701(i) of the Dog Law, no payment shall be made for any claim which has already been paid by the claimant's insurance carrier. In addition, the claimant must certify to the Department that he has not received payment for any damages claimed under this section from any person.

(3 P.S. § 459-701(i)) The Dog Law is the payer of last resort. The claimant shall make application to his insurance company. Where payment is received from the insurance company or the owner of the offending dog, no payment shall be due from the Department. If payment is received from an insurance company or offending dog owner after payment has been made from the Department, the claimant shall reimburse the Department in the amount of that payment.

A claim denial from your insurance carrier will be required if you carry insurance but this is not a covered loss under your policy.

The Claimant shall provide the Department with the following information.

DAMAGE CLAIM INSURANCE INFORMATION

Insurance Company Name _____

Insurance Company Address _____

_____

Insurance Policy Number _____

Insurance Agent Name _____

Insurance Agent Phone Number _____

_____
Claimant's Name (**Legible Print**)

_____
Claimant's Signature

_____
Claimant's Address and Phone Number

Date_____

Applicant Certification of Statements and Information Set Forth In This Damage Claim Application

The applicant certifies, represents and warrants to the Pennsylvania Department of Agriculture, Bureau of Dog Law Enforcement, that all of the above statements and information are true and correct to the best of his or her knowledge and that the claim filed meets all eligibility requirements set forth in the Act and Regulations.

The applicant further certifies and affirms that he or she has made application to his or her insurance company and has been denied and received no payment from the claimant's insurance company or from any other person and that if such payment is received in the future, the claimant shall notify the Department and reimburse the Department in the amount of the payment received from the insurance company or another person.

The applicant hereby affirms the information set forth in this Application Form is true and correct and makes these statements subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

_____ (Signature) _____
Applicant Date

_____
Print or Type Name and Title

_____ (Signature) _____
Applicant Date

_____
Print or Type Name and Title

Where Applicable: (Filing under the name of the partnership or corporation)

_____ (Signature) _____
President or Vice President or Partner Date

_____ (Signature) _____
Secretary or Treasurer Date

_____
Print or Type Name and Title

Please provide this form to your investigating dog warden at the time of investigation or mail to the following individual within 5 business days of discovery of the damage:

PA Department of Agriculture
ATTN: Damage Claims Processing
Bureau of Dog Law Enforcement
2301 North Cameron Street, Room 102
Harrisburg, PA 17110-9408