Pet Lodging (Kennels) Underwriting Supplement

Facility Information:		Independent 🗌 Franchise 🗌 Dogs 🗌 Cats 🗌 Exotics (describe)				
Type of Services: Traditional		Traditional Kennel 🗌 Private Kennel 🗌 Cage-free 🗌 Luxury Suit	tes			
	Climate-controlled Agility/Obedience Training Day Camp		G	roomi	na	
			U	loonn	ng	
Veterinary Check-ups Other Indicate which features are associated with your facility. Check all that apply:						
🔲 Air Purification/Filtration System 🗌 Antimicrobial Artificial Turf Yards 🗌 High Double-Fencing						
Outdoor Play Equipment In-Ground Pool/Water Features I Waste Drainage/Collection System						
Webcams						
Hours of Staffing: to Average # staff per shift						
Accreditations or membership in any industry associations:						
Do you use independent contractors for any pet care services? If yes, please describe:						
Have you had any outbreak of infectious disease in the past 36 months requiring closure and notification						
to public health authorities?						
1	Does your facili	ty encourage tours by prospective clients?		Yes		No
2	Do you conduct	background checks of all staff?		Yes		No
3		r expectations for employees and clients for care and services?		Yes		No
4	Do you provide pickup and delivery service of pets?					No
4a	How are pets transported? Company vehicle Employee vehicle Service					
5		are pets ever taken off premises?		Yes	╞╞	No
6 7		gs away from premises? (Maximum # dogs per employee:)		Yes	╞╞	<u>No</u>
8		owners to complete pet questionnaires prior to check-in? d policies allowing refusal of boarding based on breed, behavior or		Yes Yes	╞╞╴	<u>No</u> No
0	health of anima			res		
9		ing agreement been reviewed by qualified legal counsel?		Yes	Г	No
10		certification of current vaccinations for all animals boarded?		Yes		No
10a		stemper, hepatitis, leptospirosis, parainfluenza, parvovirus (DHLPP), and nose not required:		Yes		No
10b		nleukopenia or distemper, feline rhinotracheitis, calici virus, and		Yes		No
		RCPP). List those not required:				
10c		iters testing (other than rabies) in lieu of vaccinations?		Yes	L	No
11		nt detailed medical, special care and behavioral information?		Yes	└└└	No
12		ter prescribed medications?		Yes	╞╞	No
13 14		alified 24/7 veterinary care available in the event of an emergency?		Yes	╞┼╞	<u>No</u>
14		ined to detect illness or other signs of medical attention? separate isolation/quarantine rooms or area within the facility?		Yes Yes	╞╞	<u>No</u> No
16		ned to wear personal protective equipment in quarantine situations?		Yes	╞╞] No
17		permitted to bring their own pet food, supplies, toys, etc.?		Yes		No
18		e dog playgroups by size and temperament?		Yes		No
19		provide a report on the pet's experience at check out?		Yes		No
19a	Name of software: How often are records backed up?					
20	Is your busines	s software capable of tracking daily pet behavior?		Yes		No
21		y monitor social media for posts about your facility?		Yes		No
22		communication plan prepared for disease outbreak or other issues?		Yes	μ <u>Γ</u>	No
23		t relocation agreements with other kennels in the event of disaster?		Yes	ļĻ	No
24		curate records of scheduled cleaning and sanitization?		Yes	L	No
		stem Pressure washing Steam sanitizing UV sanitizing			1	
	Describe your s	anitation procedures and products				