

# PET FOOD PRODUCTS LIABILITY LITIGATION SETTLEMENT

Claims Administrator  
c/o Heffler, Radetich & Saitta L.L.P.  
P.O. Box 890  
Philadelphia, PA 19105-0890  
1-800-392-7785  
Fax: 215-320-2004  
USA  
[claims@petfoodsettlement.com](mailto:claims@petfoodsettlement.com)

**Your Signed Claim Must be Postmarked, Faxed or Sent Electronically In PDF Format To The Claims Administrator No Later than January 2, 2009**

## CLAIM FORM

**Please read the Full Notice (available at [www.petfoodsettlement.com](http://www.petfoodsettlement.com)) carefully before filling out this Form. You must fill out a separate Claim Form for each pet for which you seek compensation.**

### **1. WHAT THIS CLAIM FORM CONCERNS**

This claim form concerns the settlement of lawsuits that were filed after certain pet foods and treats were recalled (“Recalled Pet Foods”) on and after March 16, 2007. These Recalled Pet Foods were recalled after it was determined that some of the pet food products were made with contaminated wheat gluten and rice protein concentrate, which in some cases may have led to conditions known as acute renal or kidney failure. Symptoms of these conditions include vomiting or tiredness, decreased appetite, increased urination, and/or increased drinking or water intake by your pet.

### **2. REVIEW OF YOUR CLAIM**

An independent third party called a “Claims Administrator” has been appointed by the Court to review your claim. The settlement between the parties provides compensation to persons submitting valid and reasonable claims as determined by the Claims Administrator. The Claims Administrator will review your Claim Form in its entirety and the documents you submit, if any, to evaluate the eligibility of your claim for payment from the Settlement Fund.

The Claims Administrator will determine whether a claim is reasonable, valid, and payable from the Settlement Fund before paying a claim. The information that you supply below may be checked by the Claims Administrator. By filling out this Claim Form and signing the verification statement at the end, you are specifically authorizing a representative from the Claims Administrator to contact you or your veterinarian to confirm the information provided and to seek additional information about your claim. The Claims Administrator has complete and final authority to determine whether a claim is valid and the amount to be paid on each claim, and its decision shall be final, binding and cannot be appealed.

### **3. ELIGIBLE PAYMENTS**

For each of your pets that became sick or died after eating Recalled Pet Foods, you are eligible to recover all reasonable, properly documented expenses called “economic damage” that you incurred, subject to certain limitations described in this Claim Form. Economic damage means the expenses you paid or are obligated to pay, including but not limited to veterinary bills, damage to your property and other expenses having anything to do with your pet’s illness or death from eating Recalled Pet Food.

You are eligible to recover all economic damage for which you provide supporting documentation. In addition, the Claims Administrator has authority and discretion to pay you up to \$900 from the Settlement Fund for economic damage claims that you do not support with documentation. If you do not supply supporting documentation for any of your economic damage, then reimbursement for your undocumented economic damage is limited to a maximum of \$900 for this Claim Form. **To the extent that you do not provide documentation to support some or all of your economic damage claims, you should provide a written explanation of the nature of those claims and why you do not have documentation to support them. This will help the Claims Administrator in evaluating your claim. You can write your explanation in Section V or on separate sheets of paper, if necessary.**

Reimbursement of valid and reasonable claims may be reduced on a pro rata basis, if the total amount of money due to eligible pet owners in this settlement exceeds the total amounts available in three categories: pet food product purchase reimbursement (up to \$250,000), screenings or testing for healthy pets (up to \$400,000), and all other economic damages, including those relating to the injury or death of a pet (all remaining funds in the Settlement Fund). This is described in greater detail in the Full Notice available at [www.petfoodsettlement.com](http://www.petfoodsettlement.com).

**4. HOW YOU CAN QUALIFY FOR AND RECEIVE A PAYMENT.**

In order to be eligible for any compensation from the settlement, you must:

- fill out this Claim Form in its entirety;
- sign the verification statement in section VII. By signing the verification statement, you swear under penalty of perjury that the information that you have supplied is accurate; and
- return this Claim Form together with copies of your supporting documentation, if any.

All information submitted will be kept confidential.

**I. YOUR INFORMATION**

[Grid for Name of Person Submitting Claim]

Name of Person Submitting Claim: (First, Middle, Last)

[Grid for Street Address]

Street Address

[Grid for Municipality Name or City]

Municipality Name or City

[Grid for Province or Territory Code]

Province or Territory Code

[Grid for Postal Code]

Postal Code

[Grid for Country]

Country

[Grid for Area Code]

[Grid for Telephone Number (Work)]

[Grid for Area Code]

[Grid for Telephone Number (Home)]

[Grid for Area Code]

[Grid for Telephone Number (Home)]

[Grid for Area Code]

[Grid for Fax Number (optional)]

[Grid for Fax Number (optional)]

[Grid for Fax Number (optional)]

Area Code Telephone Number (Work) Area Code Telephone Number (Home) Area Code Fax Number (optional)

[Grid for E-Mail Address (optional)]

E-Mail Address (optional):

**II. PET INFORMATION**

Pet (check one): Dog  or Cat  (A separate Claim Form must be submitted for each animal.)

[Grid for Pet's Name]

Pet's Name:

[Grid for Breed, if known (optional)]

Breed, if known (optional):

[Grid for Pet's Date of Birth (best approximation)]

Pet's Date of Birth (best approximation):

Gender of Pet (check one): Male  Female

[Grid for Name of Pet's Veterinarian (if applicable)]

Name of Pet's Veterinarian (if applicable):

[Grid for Street Address]

Street Address

[Grid for Municipality Name or City]

Municipality Name or City

[Grid for Province or Territory Code]

Province or Territory Code

[Grid for Postal Code]

Postal Code

[Grid for Country]

Country

[Grid for Area Code]

[Grid for Telephone Number (Work)]

[Grid for Area Code]

[Grid for Telephone Number (Home)]

[Grid for Area Code]

[Grid for Telephone Number (Home)]

[Grid for Area Code]

[Grid for Fax Number (optional)]

[Grid for Fax Number (optional)]

[Grid for Fax Number (optional)]

Area Code Telephone Number (Work) Area Code Telephone Number (Home) Area Code Fax Number (optional)

[Grid for E-Mail Address (optional)]

E-Mail Address (optional):

[Grid for Brand(s) of Recalled Pet Food Purchased and/or Consumed by Your Pet]

Brand(s) of Recalled Pet Food Purchased and/or Consumed by Your Pet:

[Grid for Date of Purchase or Consumption of Recalled Pet Food by Your Pet (best approximation)]

Date of Purchase or Consumption of Recalled Pet Food by Your Pet (best approximation):

### III. REIMBURSEMENT FOR EXPENSES RELATING TO THE TREATMENT, TESTING, DEATH OR INJURY TO YOUR PET

#### A. VETERINARY TESTING AND TREATMENT

Check ONE of the following three categories and fill in the corresponding blank:

1. \_\_\_\_\_ **My pet showed no signs of illness and never became sick** after eating the Recalled Pet Food, but I took my pet to a veterinarian to be tested for illness related to the Recalled Pet Food.

**My total veterinary expenses were:** \$ \_\_\_\_\_

2. \_\_\_\_\_ **My pet became sick** (*i.e.*, developed the symptoms of acute kidney or renal failure such as vomiting, lethargy, decreased appetite, increased urination and/or increased water intake) **but did not die** after eating the Recalled Pet Food and I took the pet to a veterinarian for treatment.

**My total veterinary expenses were:** \$ \_\_\_\_\_

3. \_\_\_\_\_ My pet became sick (*i.e.*, developed the symptoms of acute kidney or renal failure such as vomiting, lethargy, decreased appetite, increased urination and/or increased water intake). I took my pet to a veterinarian for treatment or examination and **my pet died** after eating the Recalled Pet Food.

**My total veterinary expenses were:** \$ \_\_\_\_\_

**To recover the maximum amount you can from the Settlement Fund, attach proof of your veterinary expenses and treatments, such as veterinarian bills, veterinarian records, cancelled checks, receipts, credit card receipts or statements, or a statement from your veterinarian. To the extent that you do not have documentation of these expenses, you should provide information regarding those expenses in Section V below. Your recovery may be limited by the Claims Administrator and is subject to the \$900 maximum aggregate recovery for undocumented economic damages. You will only be reimbursed for veterinary services that are related to your pet's use or consumption of the Recalled Pet Food and not for unrelated veterinary services.**

#### B. DEATH

If your pet died as a result of eating the Recalled Pet Food, in addition to all other economic damages, you may be eligible to receive reimbursement for the following types of expenses to the extent they are reasonable:

##### 1. NECROPSY/PET AUTOPSY:

Total Expense: \$ \_\_\_\_\_

##### 2. EUTHANASIA/PUTTING YOUR PET TO SLEEP:

Total Expense: \$ \_\_\_\_\_

##### 3. CREMATION:

Total Expense: \$ \_\_\_\_\_

##### 4. BURIAL/SPECIALTY SERVICES (COMBINATION OF EUTHANASIA/CREMATION):

Total Expense: \$ \_\_\_\_\_

**To recover the maximum amount you can from the Settlement Fund, attach proof of the expenses and services. Examples of such proof are veterinarian bills, veterinarian records, pet cemetery bills, cancelled checks, receipts, credit card receipts or statements, or a statement from your veterinarian or other person(s) performing the services listed above for which you want reimbursement. To the extent that you do not have documentation of these expenses, you should provide information regarding those expenses below in Section V. Your recovery may be limited by the Claims Administrator and is subject to the \$900 maximum aggregate recovery for undocumented economic damages.**

#### 5. PET REIMBURSEMENT

If your pet died and you bought a new pet **before May 22, 2008**, you may be reimbursed for (i) either the cost or fair market value of your deceased pet, whichever is higher, OR (ii) the reasonable cost of your new pet. You must elect which of these two reimbursements you want.

If your pet died and you did NOT buy a new pet **before May 22, 2008**, you may be reimbursed for either the cost or fair market value of your deceased pet, whichever is higher.



**IV. RECALLED PET FOOD PURCHASE INFORMATION**

You may also be entitled to reimbursement for the purchase of Recalled Pet Food for which you have not already been reimbursed, including by previous return or exchange of product.

Total cost of unreimbursed Recalled Pet Food: \$\_\_\_\_\_.

**To recover the maximum amount you can from the Settlement Fund for unreimbursed Recalled Pet Food, attach documentation showing your purchase of Recalled Pet Food. Acceptable proof includes receipts, cancelled checks, credit card statements, copies of the product labels, other records from place of purchase, or other records that could show you bought the food and how much you paid. To the extent that you do not submit documentation of these items, you should provide information regarding those expenses below in Section V, and your recovery may be limited by the Claims Administrator.**

DATE OF PURCHASE (List Chronologically) (Month/Date/Year)	PLACE OF PURCHASE	PRODUCT PURCHASED	NUMBER OF CANS/POUCHES/BAGS PURCHASED	TOTAL COST
□□/□□/□□	Store _____ City _____ Province _____	Brand _____ Style _____	Number _____ Size _____ Type _____	\$ _____
□□/□□/□□	Store _____ City _____ Province _____	Brand _____ Style _____	Number _____ Size _____ Type _____	\$ _____
□□/□□/□□	Store _____ City _____ Province _____	Brand _____ Style _____	Number _____ Size _____ Type _____	\$ _____
□□/□□/□□	Store _____ City _____ Province _____	Brand _____ Style _____	Number _____ Size _____ Type _____	\$ _____
□□/□□/□□	Store _____ City _____ Province _____	Brand _____ Style _____	Number _____ Size _____ Type _____	\$ _____
□□/□□/□□	Store _____ City _____ Province _____	Brand _____ Style _____	Number _____ Size _____ Type _____	\$ _____
□□/□□/□□	Store _____ City _____ Province _____	Brand _____ Style _____	Number _____ Size _____ Type _____	\$ _____
□□/□□/□□	Store _____ City _____ Province _____	Brand _____ Style _____	Number _____ Size _____ Type _____	\$ _____

*(Add additional pages, if necessary)*





*In Re Pet Food Products Liability Litigation*  
Claims Administrator  
c/o Heffler, Radetich & Saitta LLP  
P.O. Box 890  
Philadelphia, PA 19105-0890  
USA

FIRST-CLASS MAIL  
U.S. POSTAGE  
PAID  
PERMIT NO. 2323  
PHILADELPHIA, PA

## FIRST CLASS MAIL

**PLEASE FORWARD—IMPORTANT LEGAL NOTICE**

**Please mail, fax or email (by pdf.) your completed claim form, with all required documentation to:**

**PET FOOD PRODUCTS LIABILITY  
LITIGATION SETTLEMENT**

c/o Heffler, Radetich & Saitta LLP  
Claims Administrator  
P.O. Box 890  
Philadelphia, PA 19105-0890  
USA  
1-800-392-7785  
Fax: 215-320-2004  
[claims@petfoodsettlement.com](mailto:claims@petfoodsettlement.com)

**If you would like confirmation that your Claim Form has been received, then you may send it by certified mail, return receipt requested. You may also call the Claims Administrator at the above number.**

Additional copies of the Full Notice and this Claim Form are available at [www.petfoodsettlement.com](http://www.petfoodsettlement.com). If you have any questions about the Full Notice or Claim Form, please contact the Claims Administrator at 1-800-392-7785 or visit [www.petfoodsettlement.com](http://www.petfoodsettlement.com).