



311660000000

*In Re: Hill's Pet Nutrition, Inc. Dog Food Products Liability Litigation*  
UNITED STATE DISTRICT COURT FOR THE DISTRICT OF KANSAS  
Case No. 2:19-md-02887-JAR-TJJ

**HILL'S PET FOOD SETTLEMENT PROGRAM CLAIM FORM**

This Claim Form relates to the Settlement of lawsuits alleging that certain Hill's Prescription Diet and Science Diet canned dog food products were manufactured with excess levels of Vitamin D.

**By signing this form, you are attesting to the accuracy of the facts and documents provided under penalty of perjury.** Penalty of perjury means that you may incur civil or criminal penalties if you lie or intentionally misrepresent anything on this form.

All information submitted will be kept confidential except as noted elsewhere in this document. This Claim Form and any accompanying information will be used solely by the Settlement Administrator to process claims under the Hill's Pet Food Settlement Program ("the Settlement"), and may be reviewed by Settlement Class Counsel, a veterinarian or other expert (if necessary) selected by Settlement Class Counsel, Hill's, Defendants' Counsel, the Court and/or a mediator.

Please note that simply filling out this form does not guarantee reimbursement.

**Each Household is only eligible to submit one Dog Food Injury Claim per dog and/or one Consumer Food Purchase Claim.** A "Household" means all persons or entities who share a physical address. For all corporations, partnerships, business organizations or associations, or other type of legal entity, there can be only one physical address used even if there are multiple locations. Persons or entities who bought Hill's food for resale are not eligible to make a claim.

**IMPORTANT INFORMATION REGARDING REIMBURSEMENT**

If you have been reimbursed previously by Hill's or a retailer for expenses associated with the Hill's dog food listed in Exhibit 1, then the already reimbursed amount will be deducted from the total amount provided to you as part of this Settlement. If the total amount of your previous reimbursement from Hill's or a retailer is greater than the total amount that you are entitled to as part of this Settlement, then you will not receive any further reimbursement as part of this Settlement.

If you would like to receive your benefit electronically; you must complete the Claim Form electronically on the website: [www.PetFoodSettlement.com](http://www.PetFoodSettlement.com).

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

You are eligible to file a claim if you purchased the Hill's canned dog food products listed on the attached Exhibit 1 in the United States between September 1, 2018 and May 31, 2019. The canned dog food products listed in Exhibit 1 include canned dog foods that were not part of the recall. These foods are included in the Settlement because, inter alia, they were sold at the same time as the recalled foods over a year ago and including them will make it as easy and convenient as possible for consumers to participate in the Settlement. The non-recalled foods included in the Settlement have not caused any confirmed injuries, nor did FDA require Hill's to expand the scope of the recall to include these foods.



31166



CF



Page 1 of 6

If the dog food you purchased is not listed on Exhibit 1 or if you did not purchase these products between September 1, 2018 and May 31, 2019, it is not part of this Settlement and you will not be eligible to



3116600000000

participate in the Settlement. Specifically excluded from this Settlement are any and all claims asserted on behalf of consumers who purchased Hill’s cat food products, dry dog food products, treats, Ideal Balance or Healthy Advantage canned dog foods, or other products produced by Hill’s that are not specifically listed in Exhibit 1.

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 VI; and
- Return the Claim Form, either by mailing it by U.S. Mail to the address below, along with your supporting documentation, if any, postmarked on or before July 2, 2021 or by submitting it online ([www.PetFoodSettlement.com](http://www.PetFoodSettlement.com)) on or before 11:59 PM CT on July 2, 2021.

This Claim Form will be used solely by the Administrator to process claims for this Settlement. Go to [www.PetFoodSettlement.com](http://www.PetFoodSettlement.com) to submit your Claim Form online. If you cannot submit your claim online, complete, sign, and return this Claim Form to: HILL’S PET FOOD SETTLEMENT PROGRAM, c/o Settlement Administrator, PO BOX 97, Warminster, PA 18974-0097.

**Please read the Full Notice (available at [www.PetFoodSettlement.com](http://www.PetFoodSettlement.com)) carefully before filling out this Form.**

**II. YOUR INFORMATION**

Please provide the following information:

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City State Zip Code

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Best Daytime Phone Number To Reach You

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Best Evening Phone Number To Reach You

\_\_\_\_\_  
Email Address @



31166



CF



Page 2 of 6



3116600000000

**III. DOG FOOD PURCHASE CLAIM INFORMATION**

You may submit either (1) a claim for reimbursement for purchases of Hill’s dog food products listed in Exhibit 1 where you have proof of purchase, or (2) a claim for reimbursement for purchases of Hill’s dog food products where you do not have proof of purchase. You may NOT submit both.

If you have proof of your Hill’s dog food purchases, such as a receipt showing these purchases, please continue to Section A (“Proof of Purchase”).

If you do NOT have proof of your purchase, please continue to Section B (“No Proof of Purchase”).

**A. Proof of Purchase**

Please provide the information requested in the chart below regarding your Hill’s dog food purchases, and attach documentation showing your purchases between September 1, 2018 and May 31, 2019. Acceptable proof includes receipts, copies of receipts, retailer loyalty card records, or other legitimate, documentary proof showing payment to an authorized retailer or a defendant.

<b>Date of Purchase (mm/dd/yyyy)</b>	<b>Place of Purchase (Store/City/State or website)</b>	<b>Hill’s Product Purchased (it MUST be listed on Exhibit 1)</b>	<b>Number of Cans Purchased on That Date</b>

**B. No Proof of Purchase**

If you do not have proof of your purchase of Hill’s dog food listed in Exhibit 1, you will receive the manufacturer’s suggested retail price (the “MSRP”) for the product(s) you purchased at the time of your purchase, up to a total value for all purchases of \$20. Please provide the information requested in the chart below regarding your Hill’s dog food purchases.

<b>Date of Purchase (mm/dd/yyyy)</b>	<b>Place of Purchase (Store/City/State or Website)</b>	<b>Hill’s Product Purchased (it MUST be listed on Exhibit 1)</b>	<b>Number of Cans Purchased on That Date</b>



31166



CF



Page 3 of 6

**IV. REIMBURSEMENT FOR EXPENSES RELATING TO THE TREATMENT, TESTING, DEATH OR INJURY TO YOUR DOG**

You may be eligible to receive money from the Settlement Fund for screening or treatment of your dog for signs consistent with consumption of excess levels of Vitamin D as a result of the use or consumption of Hill’s Products.

To make a valid claim, you **MUST** submit documents showing screening or treatment of your dog for signs consistent with consumption of excess levels of Vitamin D as a result of the use or consumption of Hill’s Products purchased in the United States between September 1, 2018 and May 31, 2019. The types of documents required to make a valid claim include, but are not limited to, veterinary notes, veterinary records, test or laboratory reports, or statements from the veterinarian, hospital or clinic. Only documented out-of-pocket expenses will be considered for reimbursement, but simply submitting a claimed expense is not a guarantee that the expense will be reimbursed.

By submitting a Dog Injury Claim, you are authorizing the Settlement Administrator to fully investigate the validity of your claim, including by contacting the veterinarian who treated your dog.

Any Dog Injury Claim submitted seeking reimbursement of an amount below \$500 per dog shall be resolved by the Settlement Administrator in its discretion, and in consultation with Settlement Class Counsel about such claims. Any Dog Injury Claim submitted seeking reimbursement for an amount greater than \$500 per dog will be paid only upon the recommendation of the Settlement Administrator and approval of Settlement Class Counsel. If Defendants’ Counsel has a good faith belief that a particular claim seeking reimbursement above \$500 per dog requires additional review, Defendants’ Counsel and Settlement Class Counsel shall meet and confer about the claim. Note that for any Dog Injury Claim, the Settlement Administrator, Settlement Class Counsel, a mediator jointly selected by the Parties, or the Court may request additional proof, including testimony under oath.

Settlement Class Members who have already received reimbursement for the same claims from Hill’s or whose veterinarians already received reimbursement for the same claims on the Settlement Class Members’ behalf are not eligible to receive duplicative payments.

Please list the expenses you incurred in the chart below. Remember to attach proof of these expenses, including veterinary notes, veterinary records, test or laboratory reports, or a statement(s) from the veterinarian, hospital or clinic.

Type of Expense	Expense Amount
	\$
	\$
	\$
	\$

Each expense listed above must be related to the screening or treatment of your dog for signs consistent with consumption of excess levels of Vitamin D as a result of the use or consumption of Hill’s Products. Each expense listed above must be supported by documentation.



3116600000000

While this is not necessary to be eligible to receive money for your Dog Injury Claim, if you would like to provide an explanation for any of these expenses, please do so below.

Five horizontal lines for providing an explanation for expenses.

**V. PRIOR SETTLEMENT/REIMBURSEMENT**

Hill's and retailers have already reimbursed certain claims submitted by customers for their purchases of the Hill's dog food products listed in Exhibit 1.

Have you, or your veterinarian on your behalf, previously submitted a claim to Hill's or to a pet food retailer for reimbursement or compensation related to either the purchase of these Hill's products or the injury or death of your dog related to these products?

Yes \_\_\_\_ or No \_\_\_\_

If you answered no, please proceed to Section VI, sign the Claim Form, mail/email this Claim Form to the address listed in Section VII or submit your Claim Form online.

If you answered yes, please provide the following information:

QUESTION	ANSWER
What was the name of the person or clinic who submitted a claim?	
Did you, or (to the best of your knowledge) another person on your behalf (such as your veterinarian) request reimbursement from Hill's (Yes or No)?	
Did you, or a veterinarian on your behalf (to the best of your knowledge), receive reimbursement from Hill's (Yes or No)?	
If yes, what was the total amount of that reimbursement?	
Did you sign a release with Hill's for these claims (Yes or No)?	
Did you request reimbursement from anyone other than Hill's, such as the retailer from which you purchased your food (Yes or No)?	
Did you receive reimbursement from anyone else (Yes or No)?	
If yes, what was the total amount of that reimbursement?	



31166



CF



Page 5 of 6



311660000000

**VI. VERIFICATION**

I declare under penalty of perjury that the above information is true and correct. I understand that the above information may be reviewed and verified by the Settlement Administrator. I hereby authorize the Settlement Administrator, in its discretion, to contact me and/or my dog’s treating veterinarian, to seek the input of Settlement Class Counsel, Defendants’ Counsel and/or Hill’s, and to fully investigate and make a determination as to the validity of the claim based on the documentation submitted and any other materials determined to be relevant. I also authorize the Settlement Administrator (in conjunction with a veterinarian or other expert, if necessary, selected by Settlement Class Counsel) to review these documents, investigate, evaluate, and make a determination as to the validity of my claim based on the documentation submitted and any other materials determined to be relevant, which may include sharing this information with Settlement Class Counsel, Hill’s, Defendants’ Counsel, a mediator, and/or the Court.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy

**VII. DEADLINE TO SUBMIT YOUR CLAIM FORM**

Submit the Claim Form and your supporting documentation, if any, using one of the methods described below by the deadline listed below.

<b>Online:</b> (must be submitted on or before 11:59 PM CT on July 2, 2021)	<a href="http://www.PetFoodSettlement.com">www.PetFoodSettlement.com</a>
<b>By Mail:</b> (must be postmarked on or before July 2, 2021)	<b>HILL’S PET FOOD SETTLEMENT PROGRAM</b> c/o Settlement Administrator PO BOX 97 Warminster, PA 18974-0097
<b>By Email</b> (must be received by the Settlement Administrator on or before 11:59 PM CT on July 2, 2021)	Claim@PetFoodSettlement.com

**Please keep a copy of your completed Claim Form and copies of any attached documentation for your records.**

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 Settlement Administrator at 1-833-537-1191 or visit [www.PetFoodSettlement.com](http://www.PetFoodSettlement.com).



31166



CF



Page 6 of 6

LATE